

South-western Medical Advocate.

EDITED BY JAMES CONQUEST CROSS, M. D.,

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Memphis Medical College; assisted by his Colleagues.

"L'incrédulité en médecine n'en fault que la paresse, et ne fait que servir de voile à l'ignorance."—CABANIS.

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MEMPHIS, TENNESSEE, JULY 1847.

VOL. I.

AN INAUGURAL DISCOURSE,

*On the Policy of establishing a School of Medicine in the City of
Memphis, Tennessee.* BY THE EDITOR.

MEMPHIS, Nov. 7, 1846.

PROF. JAMES C. CROSS—*Dear Sir.*—The Board of Trustees of the Memphis Medical College, respectfully request, that you will furnish them for publication, at your convenience, a copy of the Discourse recently delivered by you at the Cumberland Presbyterian Church, introductory to the opening of the Memphis Medical College. The Board think its publication calculated to promote the best interests of the Institution, by giving more general publicity to views so forcibly and eloquently therein set forth, shewing the benefits which may be expected to result to the southwestern portion of our Union from building up a Medical College at this point, &c.

Very Respectfully,

R. H. PATTILLO, Sec'y B. Trus.

MEMPHIS, Nov. 10, 1846.

R. H. PATTILLO, Esq.—*Dear Sir.*—Your polite and flattering note of the 7th inst., in which you request on behalf of the Board of Trustees of the Memphis Medical College, a copy of my Introductory Discourse for publication, has been received. It is at their disposal.

Through you I beg leave to convey to the members of the Board of Trustees, my sense of their kindness and approbation, and request you to accept the assurance of my respect and friendship for you personally.

Yours, very truly,

JAMES C. CROSS.

MEMPHIS, Nov. 18, 1846.

SIR.—At a meeting of the class on the 17th inst., we were appointed a committee to tender you their thanks, and solicit of you a copy of your valuable Introductory Lecture for publication.

Respectfully,

A. A. TERHUNE,
W. H. JAMESON,
T. H. QUARLES, } Committee.
C. H. BIRD,
J. S. PETTUS. }

To Prof. J. C. CROSS.

MEMPHIS, Nov. 19, 1846.

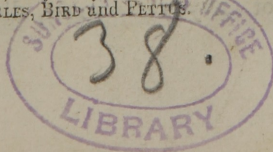
GENTLEMEN.—Your polite note of the 18th inst., embodying a request from the Class for a copy of my Inaugural Address for publication, has been received and I respond, after informing you that a similar request had been previously made by the Board of Trustees through their Secretary, that they are welcome to it should they now desire it.

Assure the Class of my earnest desire to serve and oblige them, while I beg you individually to confide in my respect and friendship. I have the honor to be Gentlemen,

Yours, very truly,

JAMES C. CROSS.

To Messrs. TERHUNE, JAMESON, QUARLES, BIRD and PETTUS.



WE know not in what light the present occasion is regarded by the citizens of Memphis, but judging from what we know of the sentiments usually entertained in other cities, under similar circumstances, it appears to us it should be looked upon as amongst the most interesting and important events that have chequered and illustrated the history of this enterprising and flourishing community. Volunteering an interpretation of your sentiments and feelings, which your future conduct, we are persuaded, will fully ratify and confirm, it would be doing ourself injustice not to admit, that having been singled out *from such men as are our colleagues* to officiate on this occasion, is esteemed a signal if not an undeserved honor. That we have been thought worthy to be the organ of individuals so worthy of your esteem and confidence is gratifying to our pride, but that the humble individual who now addresses you, should have been selected to represent them at the foundation of an Institution to be dedicated to medical education, is in no ordinary degree flattering.

We are here, Fellow-Citizens, for the purpose of opening the first course of instruction in the Memphis Medical College. This announcement awakens at once numerous, very various, and conflicting emotions. All are ready to ask is the project to establish a School of Medicine in the city of Memphis a wild and an impracticable fancy of visionary men, or is it the legitimate result of a calm and deliberate survey, by competent judges, of the difficulties and dangers of such an enterprize? Before I engage in the discussion of the subject which this question involves, let us premise in the language of a celebrated writer, that "at this enlightened period of the world Schools of Medicine, are institutions of peculiar importance. Not only are the interests of science concerned in them; but they involve the health, lives, prosperity, and happiness of millions, and, by the doctrines they teach, and the practices they establish, throw their influence into distant ages. We feel, even now, more or less the influence of the Schools of Greece. Such institutions ought not therefore to be hastily founded, or in any way lightly acted on, or dealt with. They should be erected only after due deliberation and from public motives; and those motives should be, broad necessity, or a fair prospect of correcting faults and effecting improvements. The selfish passions of envy, resentment, disappointed ambition, or the

desire of distinction should have no concern in their establishment. Nor ought mere locality to have any influence in it, except so far as it may afford advantages, not to be elsewhere enjoyed."

To the correctness of these views we most willingly subscribe, and we are satisfied that in asserting no motives so unworthy or discreditable, have had an influence in suggesting the undertaking in which we are about to engage, our colleagues will without hesitation, endorse the declaration. We believe it will be found on a thorough examination of the subject, to have been prompted not by ambition or a selfish regard for individual interests, but by the absolute requirements of the case—by the complete and irresistible conviction that another School of Medicine is indispensably necessary. While this governing motive has originated the exertions now being made, other and equally binding considerations point, with unerring precision, to Memphis, as the site on which to build up the Institution, at present, contemplated. Heretical and absurd as these assertions may appear, in the judgment of those whose interest it may be to depreciate the enterprise, or of those who stupidly flatter themselves that every project is impracticable which they have not conceived, and in the execution of which they are allowed no participation, we trust, before this discourse comes to a close, to make them matters not only of plausible but perfect conviction.

Is another School of Medicine necessary? This we have alleged; but an unsupported and independent assertion upon so important a subject, would be justly treated with ridicule and contempt, and unless we shall be able to appeal to satisfactory reasons, flowing from public necessity, there will be ground to suspect, if not believe, that the individual who now addresses you, as well as those with whom he is associated, have been induced to embark in the enterprise from exclusively selfish considerations. Than this, we are sure, no more unjust or injurious imputation could be cast, at least upon our colleagues. We hope, therefore, to receive a patient, if not an indulgent hearing, while an attempt is made to recount to you some of the leading considerations that have caused the present enterprise to be undertaken.

The present boundaries of the United States embrace at least 30 deg. of latitude and as many of longitude, within which thirty-

six good, bad, and indifferent Schools of Medicine are found. These institutions give employment to about two hundred teachers. This statistical statement might in the abstract, be regarded as a sufficient argument against the policy and propriety of multiplying such institutions. Were they of the proper kind and suitably located, they would, it is true, be more than sufficient to supply all the wants of the public. But this unfortunately is far from being the case. In but three of the thirty-six, so far as we have been able to learn, is a professor to be found that teaches a practical branch of Medicine, who acquired any part of his experience South of Kentucky. This remarkable fact will appear the more singular, when it is recollected that the diseases of the region of country, that lays South of the 36th or 38th degree of North latitude, present peculiar pathological phenomena, require a peculiar treatment, and give employment to a greater number of physicians than any other portion of the United States of the same population. Nor has their location been determined with a reference to the wants of the different sections of the Union. Without a due regard to such considerations, the great number that already exist, cannot be expected to exercise much influence in deciding on the policy of multiplying them. Schools of Medicine to be really useful, must possess teachers, who, from personal observation and experience, are competent to communicate a knowledge of the proper management of the diseases which those whom they profess to instruct are expected to have to treat. Otherwise they will be graduated in the knowledge of books and the peculiar speculations of professors, without being in any respect fitted for the discharge of the duties to which they will be called. With the exception of the schools of Charleston, Augusta, and New Orleans, not a single teacher can be found in the medical institutions of the United States, who has any personal knowledge of Southern or South-western maladies;—they are, therefore, no matter what ingenious sophistry may be employed to prove the contrary, necessarily disqualified to impart such information as will prepare their Alumni to encounter with success the mortal endemics that annually desolate those regions. From motives easy of interpretation, this truth has been so frequently denied that some have been induced to doubt its accuracy, while others have refused it all credence or

belief. Throughout, however, the whole region of country in which the pathological phenomena and therapeutical indications present peculiarities, which serve to distinguish its diseases from those that prevail in higher latitudes, and where too, the respective results of Southern and Northern treatment can be observed, no difference of opinion exists amongst the professional or popular public on the subject. Indeed, a long and multiform experience has caused such distrust of the principles of Northern teachers, when reduced to practice in the South, that planters proverbially prefer to entrust the lives of their slaves to the skill and judgment of an experienced overseer, to the science of a Northernly educated physician upon his first settlement in the country. The cause of this is obvious, and has been already suggested. In the schools of the North, as well as in those of Kentucky and Ohio, not a single teacher is to be found, who, from personal observation and experience, is qualified to impart a correct knowledge of the nature and treatment of the diseases that prevail in the South. This fact which is utterly incontestible, has failed to attract the attention to which it is entitled, and although there may be those disposed to over look or underprize it, in my humble judgment, it is of very great if not paramount importance.*

*Dr. Johnson in his work on *Tropical Climates*, informs us that there can scarcely be conceived a situation of greater anxiety and distress, than that in which a young medical man of any sensibility is placed, on arriving at an unhealthy spot in a foreign climate, unfortified by experience, unaided by advice, and, as is too frequently the case, but scantily supplied with books containing local accounts of the country and prevailing diseases.

"In such cases he is forced to explore his way in the dark, agitated and alarmed by the mortality around him; a great share of which he attributes, perhaps with more remorse than justice to his own misconduct, or ignorance of the proper treatment." On another page of the same work the same author remarks:—"Many days did not elapse before I had an opportunity of trying my strength against so formidable an opponent, and very few trials convinced me I had calculated without my host."

Dr. Monette in his "*Observations on the Pathology and treatment of the Endemic Fevers of the South-west*," &c. to be found in the first volume of the *New Orleans Medical Journal*, remarks:—"I have resided in Washington, Miss., and practised my profession regularly for more than twenty years. Every year, in that time, has given us one or two physicians from the North, who have for a time succeeded in obtaining more or less practice. The character of the disease has varied according to the physician under whose treatment they happened to fall. The newly arrived practitioners, with a few exceptions, have always had the fortune to have an extraordinary proportion of desperate and protracted cases; and if their patients at length recovered, [which we judge was seldom,] they had of course performed the greatest miracles. Two persons in the same house, or on opposite sides of a street would be attacked in the same manner, and with the same disease. Each, having a different medical attendant, and a different course of medical treatment would present a different result in its course, duration and termination. A new form of disease has frequently sprung up, and continued, under the care and treatment of a new physician." From personal observation we are prepared to confirm substantially the above statement of Dr. Monette.

In his "*Observations on the use of Large Doses of Quinine in the Treatment of Bilious*

With the exception of those of Kentucky, Ohio, South Carolina, Georgia and Louisiana, the Schools of the United States are supported by students who generally reside North of the 38th or 40th deg. of North latitude, three-fourths of whom will follow the profession in cold and inclement latitudes. Having a personal

Remittent Fevers," to be found in the second volume of the *New Orleans Medical Journal*, Dr. Tuck, of Memphis, says:—"The mode of treatment of remittent fevers by large doses of quinine, was not alluded to so far as I remember, during an attendance on two courses of lectures, in Philadelphia, in the winter's of 1839-40, and the summer of the latter year; and the first time I ever became aware of it, was through the conversation of a young gentleman from Ala., who was my room-mate, and who had determined to write a thesis upon the success of this mode of treatment, (as he had been convinced of its correctness from the success attending the practice,) from which I attempted to dissuade him, as his views were so contradictory to what I had been taught, and believed to be the opinions of the professors; and I feared that such ultra notions might occasion his rejection. [A very high idea is thus impliedly expressed of the enlightened liberality of those who arrogantly presume to dictate to the profession of the United States.] By my own preceptor, a distinguished physician of Virginia, I had been taught, (and this, so far as I was acquainted, was the opinion of the most eminent professors in the country,) that the smallest quantity of quinine would be almost sudden death, if administered in a case of remittent fever. Whether the young gentleman alluded to presented his thesis, [an event that is hardly probable, since such ideas of the liberality of Philadelphia professors were entertained by those who attended their lectures,] I am not aware, as he was not a candidate for graduation until a year after I left. Removing to the South-west in 1840, I had an opportunity of meeting with some distinguished physicians, of enlarged experience, and who, for a number of years, had employed quinine in large doses, in the treatment of bilious remittent fevers, with the most signal success; but my prejudices were so strong, from early education, [quite natural,] against such a course, that I could scarcely be made to believe it, until I had an opportunity of witnessing the success with my own eyes during the following summer.

But, however, this treatment by large doses of quinine originated, or whoever may have been the author, it must be gratifying to every friend of humanity, that so useful a discovery has been made, and that it is now becoming the established practice amongst the most intelligent physicians of the South; and that where, formerly, death swept over the land with a resistless tide, destroying thousands in his career, we are now able to arrest his destructive march, and almost insure a speedy return of health where, previously, even a hope to live would have been looked upon as folly."

Dr. Holmes of the Medical Staff of the United States Army, in his remarks on quinine and malaria to be found in the October number for 1846, of "*The American Journal of the Medical Sciences*," says:—"On my arrival in Florida, knowing nothing of Southern diseases from practice, and being stationed alone at a distant and unhealthy post, I learned the rules by experience alone, guided by which I have since successfully administered quinine, [of course, if his North-eastern education was not a disadvantage, which it is difficult to believe, it was of no use to him,] I practised on Northern precepts, annoying the patient without arresting the disease, by a continued succession of two grain pills; occasionally at long intervals checking the disease by those means, but much more frequently vexed for weeks by the continued sickness of the soldier. I rose finally to ten grains, and continued to give this quantity at once; I more frequently succeeded by this practice, but not yet to my satisfaction. . . . Finally convinced that large doses of quinine are necessary in the South, I increased my minimum dose for intermittent fever to fifteen grains given at once." After the fullest proof of the efficiency of large doses of quinine in bilious remittent fever, Dr. Condie, of Philadelphia, in his edition of Watson's Practice of Physic, remarks:—"Many of the physicians of the Southern and Western portions of the United States place their chief reliance, in congestive remittent fever, upon the sulphate of quinine prescribed in enormous doses—twenty, thirty, and even fifty grains repeated at short intervals until the solution of the disease is obtained; but although we are convinced of the propriety of large and frequent doses, those alluded to are certainly excessive and uncalled for." How does he know? Has he ever seen a case of congestive remittent fever in the South? No. Then he knows nothing about it, and has no right to question the skill and judgment of those who are familiar with the subject. This is like the philippic which Dr. Dudley is in the annual habit of pronouncing against quinine and iodine; and yet he has the assurance to tell his classes he never employed them in his life.

knowledge of the diseases peculiar to cold regions, the teachers in those institutions are qualified adequately to instruct those who remain there, but those who shall migrate South, will soon find in their new homes that they have yet to learn the art of physic.

The Schools of Kentucky particularly, as well as that of Cincinnati, derive their principal support from the States of Kentucky, Ohio, Tennessee, Alabama and Mississippi, and were they organized with a reference to the necessities of the regions of country which they supply with physicians, the need for an additional School of Medicine would be, in a great degree, obviated. Without designing to impugn the motives of those who control those institutions, or desiring to intimate that they intended to make an invidious distinction between the North and the South, we must be permitted to say on behalf of science and the interests of the public, that they are not; for in neither of them can be found a single teacher of a practical branch of medicine, who ever practised the profession South of Kentucky. This we hold to be a fundamental defect in the organization of the Faculties of the Schools alluded to. The diseases of the northern part of Kentucky, and of the whole of Ohio, differ in several striking respects, from those that are observed in lower latitudes; those, therefore, who undertake to teach medicine in either Louisville, Cincinnati or Lexington, without having previously acquired a personal knowledge of those of the latter, will never, so long as they remain in those cities become competent teachers of those who intend practising the profession in the South. In the mere existence, therefore, of those institutions, especially when we consider the manner in which they have been administered, no argument can be found against the establishment of another School of Medicine.

Perhaps it may be urged, that although the schools of Kentucky and Ohio may not be so constituted as to supply the wants of the southern and south-western portions of the United States, no necessity for another school can exist inasmuch as the medical institutions of Charleston, Augusta and New Orleans abound with teachers whose practical knowledge of disease has been acquired almost exclusively in Southern latitudes. The force of this argument we shall not attempt to invalidate by denying the alleged and indisputable fact; but there are other reasons which induce us to believe that the existence of those institutions do not

preclude the necessity for another School of Medicine. Amongst these may be mentioned the prominent and controlling consideration, that they are situated on the extreme Southern and South-eastern borders of the Union, and consequently on account of their distance receive comparatively little support from Tennessee, Alabama, Arkansas, the northern part of Mississippi, the South-western portion of Kentucky, the south-eastern sections of Illinois and Missouri, which yield at least two-thirds of the patronage received by Louisville and Lexington, but which, and for reasons utterly incontestible, should be supplied with physicians who have been taught by men of Southern or South-western experience. In the present condition of things, however, hundreds of physicians are annually sent to the South from the schools of Louisville, Cincinnati and Lexington, who have been educated by those who have had no personal acquaintance with the diseases of which they profess to impart a knowledge. That the Alumni of those institutions should, from the outset, prove successful practitioners, is not only improbable, but utterly impossible; for no material difference is observed to exist between the "great pathological and therapeutical principles" taught in them and those inculcated in Philadelphia, New York and Boston, and no instance can be found of a Northern graduate being able to defend Northern principles, or to enforce successfully Northern practice in a Southern latitude. To the truth of this assertion all experience fully testifies. These he has been invariably obliged, sooner or later, radically to modify, or to recant altogether. This single fact independently of every other consideration, and we believe it to be entirely indisputable, conclusively establishes the important position that those who have acquired their practical knowledge of disease in high latitudes, are not competent to educate those who intend to reside and practice in the South. It is Southern teachers only who are qualified to make successful Southern practitioners of Medicine, and if this proposition is not self-evidently true, it is at least, susceptible of the most satisfactory proof.

If this be denied, why, we ask, does it happen, that as a general rule, those who have been educated in Northern or Western institutions, and who settle in the South or South-west find it necessary to remove, after a residence of a few months from their

places of original settlement? This we know to be true, not only from personal observation, but from statements that have been made to us by others whose attention had been directed to the subject. Nor is this fact, which is not less peculiar than are the characteristics of Southern and South-western diseases, difficult of explanation. When they first settle, being generally fresh from College, are proud of course of the lessons they have received from those whom they justly regard as able and learned men; but who are—but this they do not know—utterly ignorant of the peculiar nature and still more peculiar treatment of the maladies of warm climates. Flushed with hope, but unhackneyed and unpractised in the ways of the world, they, in the simplicity of their hearts, confidently imagine they will soon be able to write to their friends and venerated,—often venerable—preceptors, *veni, vidi, vici*. One season, however, of personal acquaintance with Southern endemics, is commonly sufficient to dispel the delusion from the minds of those who are sensible and sagacious enough to profit by observation. Want of success, and not the want of patients, will have, in this time, destroyed their confidence in the principles they had been taught, while at the same time, to their mortification and discredit, it will have destroyed the confidence of the public in their skill and judgment as physicians. The consequence is, that they, as a general rule, are obliged to seek out new homes, where, after having abandoned the precepts, the principles, and the practice that had been taught them, they may be permitted to make a profitable use of the results of personal observation and experience; then their obligations and indebtedness to their original preceptors, are without a feeling of regret or a pang of remorse, at once, and forever canceled. Than this no more conclusive fact can be appealed to in proof of the position assumed, which is, that something more than great book-learning is necessary in Northern and Western professors, to enable them to educate properly Southern physicians. Nor will you find the generality of those who come for the purpose of settlement in the South, better qualified for the arduous duties of the profession, until such time as they shall be educated by those who have acquired a knowledge of the nature and treatment of the diseases peculiar to the South from observation and experience.

That these views, however true, will not be willingly or uni-

versally adopted, may be certainly inferred from the following declaration made in the last annual announcement of one of the first Schools of Medicine in the Union:—"The facilities which Philadelphia affords for medical instruction are certainly varied and ample, and adapted for every region. The great principles of pathology and therapeutics can never be sectional; they are of universal application." In opposition to the authority of a very learned body, we beg leave to quote an equally emphatic declaration from a recent and an able French writer, who had, for many years, been a close observer of disease in very various climates. He says:—"De meme que pays possede son regne vegetal et son regne animal caracteristiques; de meme il possede aussi son regne pathologique a lui; il a ses maladies propres, et exclusives de certaines autres." But this question, so important and interesting, is not to be settled by a reference to authorities, but by an appeal to facts. Now what is a "great principle?" To our understanding it is an ultimate fact or law, to which the various phenomena in any department of observation and experience are referred, as is illustrated by the reference that is made of the phenomena observed in the inanimate world to certain laws of motion, of gravitation, of chemical affinity, &c. Dr. Bartlett informs us that, "A law, or principle, of physical science consists in a rigorous and [an] absolute generalization of facts, phenomena, events and relationships; and in nothing else. It is identical with the universality of a phenomenon, or the invariableness of a relationship," which is equivalent to what Mr. Mill says in his "System of Logic," that "Ultimate laws are observed uniformities of Nature which cannot be resolved into more general laws;" or as Webster defines a principle to be "a truth admitted without proof, or considered as having been before proved." Without desiring to intimate that medicine is a vague and an uncertain science, we ask is there any thing in pathology or therapeutics which can be justly regarded as complying with the requisitions of either of the above definitions of a principle, an ultimate law or an universally admitted truth? If so, then we acknowledge, with shame and remorse, that we are ignorant of it. If there should be, however, no such prodigy in medicine, and of this we are firmly convinced, then there are no "great principles of pathology and therapeutics of universal application," and what

certain individuals have taken the liberty to say on the subject is selfish, hypocritical, collegiate cant. The existence of laws or principles of pathology and therapeutics is not denied.* These are, however, what Mr. Mill properly denominates derivative as contradistinguished from ultimate, and are therefore, in no sense entitled to be considered great or fundamental.† It is consequently an assumption to assert that they are of “universal application.”

If the “great principles of pathology” of which certain learned men speak with more familiarity than discretion, have a real existence, they will be readily recognized in the explanation which they afford of the nature of the changes on which the phenomena of inflammation depends, for this morbid action is, as Dr. Alison, *Professor of the Institutes of Medicine in the University of Edinburgh*, remarks, “on many accounts, the kind of diseased action in the living body, which must occupy the largest share in all pathological discussions.” While no successful effort has been made to illustrate and explain the ultimate principle upon which the changes which constitute inflammation depend, we are told by the same author that “we cannot go far in the explanation of the facts, of which the history of inflammation consists.” The general opinion is that they depend on an alteration in the vital action of the arteries of the inflamed part.‡ While this seems to be generally conceded, the majority of pathologists contend that this alteration consists in an actual increase of vital action in the vessels of an inflamed part. A very respectable minority, however, numbering such names as those of Philip and Thompson, maintain that, the chief and sometimes the only phenomenon observed in the coats of the vessels of inflamed parts is dilatation, which, of course, is a state directly the opposite of increased vital action. Thus, in regard to the kind of morbid action which is of

*Mr. Prost in his recherches upon “Fievres dites Essentielles,” says:—“On a commis une erreur bien grave et bien funeste, quand on a dit que la nature, est changeante, tandis que la simplicité et la constance de la nature dépassent notre entendement; ce sont les résultats qui varient. Si les principes sont constants (et cela n'est douteux que pour les ignorants,) cherchons donc à connaître les principes, usons notre patience à les découvrir, mais ne les imaginons pas. C'est aux faits, à l'universalité des faits, c'est aux plus petites choses qu'il faut demander ces principes; ils sont là, ils ne sont que là, ils y sont bien; nos yeux seuls n'y sont pas, ne veulent pas y être.”

†“Derivative laws are such as are deducible from, and may, in any of the modes which we have pointed out, be resolved into other and more general ones. Ultimate laws are those which cannot. We are not sure that any of the uniformities which we are yet acquainted with are ultimate laws; and that every resolution of a derivative law into more general laws, brings us nearer to them.”—*Mill's System of Logic*.

‡This, however, is obviously a gratuitous supposition, for many of the facts of inflammation cannot be, even plausibly, explained by any such hypothesis.

more common occurrence than any other,—which, in itself or in its varied effects, is very often combined with all other modes of diseased action, and is more or less concerned in producing a large share of the mortality in every part of the world, no great principle of pathology has been established; especially if this great principle consists in “the universality of a phenomenon, or the invariableness of a relationship,” or of “observed uniformities that cannot be resolved into more general laws,” or of “a truth admitted either without proof, or considered as having been proved.”

What is the therapeutical principle that is universally applicable to the treatment of inflammation? If there is one that has more generally received the suffrages of the profession than any other, it is that which is deduced from the assumption that there is an actual increase of vital action in the vessels of an inflamed part, and that, consequently, ultra depletion by every available means, is the therapeutical principle. But do all therapeutists concur in admitting the truth of this principle? Certainly not, for besides the fact that the recognized indications for blood-letting frequently lead into error,* at this very moment, the ablest authorities differ as to its value, some asserting that it has no effect,† others that it is positively injurious,‡ and others who rely upon tonics and stimulants.||

*“Thus have we seen a physician of days gone by, prescribe bleeding after bleeding for a chlorotic patient, simply because she complained of pain in her side, and her blood presented a buffy coat. Is the practitioner who is aware of the real value of the buffy coat, the conditions of its formation, the deficiency of red corpuscles; and the influence of iron in producing an increased production of them, to be charged with a dangerous use of hypothesis, because in such a case he prescribes ferruginous medicines instead of venesection? Surely not. The danger is on the side of the practitioner, who *presumes* that a buffy coat and pain in the side are indications of inflammatory action; and who, adopting the lancet as his chief instrument for combating that inflammation, reduces his unfortunate patient to a state of almost absolute anaemia.”—*British and Foreign Medical Review*.

“Fulness of the vessels is very frequent in acute affections of the brain, and is to be recognized by fulness and frequency of the pulse, and injection, and a swollen condition of the superficial veins. But,” remarks M. Pinel, “a remarkable fact which has repeatedly been proved by observation, is that this excess, often far from augmenting the acuteness of the cerebral symptoms, appears to calm and act as a sort of sedative upon them. Although the curative indication be to disgorge the sanguineous system, the indication must be followed up with extreme reserve. I have often seen women at the Salpêtrière, who had been treated elsewhere for temporary delirium, admitted in a state of furor supervening after abundant loss of blood to which they had been submitted.” And a little further on: “we often observe that the only effect of blood-letting is to diminish the state of hyperemia, and the intellectual disturbance continues in spite of it unaffected.”—*Ibid*.

†Mr. Louis remarks:—“Il résulte des faits exposés dans ce chapitre que la saignée n’a eu que peu d’influence sur la marche de la pneumonie, de l’érysipèle de la face et de l’angine gutturale, chez les maladies soumises à mon observation; que son influence n’a pas été plus marquée dans les cas où elle a été copieuse et répétée, que dans ceux où elle a été unique et peu abondante; qu’on ne jugule pas les inflammations, comme on se plaît trop souvent à la dire; que dans les cas où il paraît en être autrement, c’est sans

But if it be admitted as a general therapeutical principle, that blood-letting may be resorted to in certain sections of the country with safety and success, does it follow that it is, in all latitudes, of universal application? No one who has practised in more than

doute, ou parce qu'il y a eu erreur de diagnostic, ou parce que l'émission sanguine a eu lieu à une époque avancée de la maladie, quand celle-ci était voisine de son déclin."

†After inveighing in the bitterest language against blood-letting, Dr. Dickson in his "*Principles of the Chrono-Thermal System of Medicine*," exclaims:—"How few are the diseases which loss of blood may not of itself produce! It cannot cause the eruptions of small pox, nor the glandular swellings of plague, it has given rise to disorders more frequently and inevitably fatal than either. What think you of cholera asphyxia—Asiatic cholera? Gentlemen, the symptoms of that disease are the identical symptoms of a person bleedingslowly away from life! The vomiting, the cramps, the sighing, the long gasp for breath—the leaden and livid countenance which the painter gives to the dying in his battle pieces—these are equally the symptoms of cholera and loss of blood! Among the numerous diseases which it can produce, Darwin says:—"a paroxysm of *gout* is liable to recur on bleeding." John Hunter mentions "lock-jaw and dropsy," amongst its injurious effects—Travers, "blindness and palsy,"—Marshall Hall, "mania,"—Blundell, "dysentery"—Broussais,—"fever and convulsions!" "When an animal loses a considerable quantity of blood," says John Hunter, "the heart increases in its frequency of strokes, as also in its *violence*." Yet these are the indications for which professors tell you to bleed! You must bleed in every inflammation they tell you. Yet is not inflammation a *daily effect* of loss of blood! Magendie mentions "*pneumonia*" as having been produced by it, completely confirming the evidence of Mr. Hume upon that point. He further tells us that he has witnessed among its effects "the entire train of what people are pleased to call *inflammatory* phenomena; and mark," he says, "the extraordinary fact, that this inflammation will have been produced by the very agent which is daily used to combat it!" What a long dream of false security have mankind been dreaming! they have laid themselves down on the laps of their medical mentors, they have slept a long sleep; while these, like the fabled vampire of the poets, taking advantage of a dark night of barbarism and ignorance, have thought it no sin to rob them of their life's blood during the profoundness of their slumber."

"The influenza, or epidemic catarrh, which was almost universal in this town [London] in the years 1833 and 1837, afforded a striking illustration of the point I am endeavoring to set before you. The inflammatory symptoms—the bronchitis and pneumonia—were in many cases strongly marked, and it was necessary to abstract blood; but persons suffering under influenza bare bleeding exceedingly ill, and where the use of the lancet could not be avoided, it was never resorted to without reluctance and misgiving."—(*Watson's Practice of Physic*.) Not only did the patients laboring under the epidemics of which Dr. Watson speaks, bear blood-letting "exceedingly ill," but recovered more rapidly and in larger proportion in the hands of those who abstained from it altogether and relied upon tonics and stimulants. This is proved by a number of papers to be found in the *London Lancet* and *London Medical Gazette*, extracts from which we would quote were they accessible.

"But of late years, more reliance has been placed by practitioners upon local stimulants, for checking this horrible malady, (purulent opthalmia) than upon general or topical bleeding. *A priori*, we should expect that the caustic application would add to the existing mischief and destroy all chance of saving the inflamed eye. But it is not so. Even Mr. Lawrence, who was, I have reason to think, formerly very sceptical on this point, appears to be so no longer."—*Ibid*.

It is wonderful that when physicians see what is called inflammation yield under their eyes to the direct application of tonics and stimulants, they should still hold in horror, the internal administration of them. Occasionally, however, "great therapeutical principles of universal application" have been abandoned, and good results have followed. When the allied armies were in Paris, in 1814, the Cossacks suffered dreadfully from pneumonia, and they died, says Mr. Rostan, almost to a man, so long as they were bled, but recovered rapidly and completely after the practice of giving them Brandy was instituted. At a meeting of the Medico-Chirurgical Society, Mr. Travers is reported to have stated, that in "a great many instances (of Erysipelas) he found the most decided benefit from the use of *Bark* and other *tonics*, and which, at the commencement of the disease, he had often seen highly useful in the practice of others, even in cases where he would have employed the *antiphlogistic treatment*, if the patients had fallen into his own hands."—*London Lancet*.

one climate, or whose judgment is not warped by selfish and individual considerations, will venture to make any such assertion. In the Northern and even in the temperate sections of the Union, frequent and copious depletions are commonly resorted to, and this is considered the orthodox mode of treating inflammation, but they, in other latitudes, are either altogether proscribed from the *methodus medendi*, or are used with the utmost caution and reserve.* Similar and equally pointed remarks might, with perfect propriety, be made in relation to all the other powerfully debilitating remedies, which are so popular and so generally confided in by the physicians of North-eastern latitudes.

That the pathological phenomena and therapeutical indications of Southern maladies should differ from those that prevail in the colder regions of the earth, will not cause surprise in those who reflect that the population of the South is exposed to the action of, at least, two powerful causes, from both of which those of Northern and temperate latitudes are comparatively exempt. Allusion is made to intense solar heat and a miasmatic atmosphere. These morbiferous agents are of powerful and extensive operation. They are of themselves not only specific causes of disease, but they modify the character of all the maladies which occur within the sphere of their influence. We cannot pause to inquire into the

*"Nulle part dans le nord de l'Europe je n'ai vu la forme inflammatoire se dissiner avec plus d'intensité que sur le plateau des Castilles, un des plus élevés de l'Europe, et notamment à Madrid. Les climats continentaux, refroidis par les vents sont plus féconds en inflammations que les climats insulaires ou littoraux, à égale distance des tropiques, et ce fait justifie pleinement la judicieuse remark de Coelius Aurelianus, d'après laquelle les saignées aggravaient les pleuresies d'Athènes et de Rome, et qu'elles reussissaient au contraire contre les pleurésies de Paria et de l'Hellespoit."—*Boudin's Essai de Geographie Medicale.*

Dr. Boling in an article "*On the Treatment of the Inflammatory Affections of Malarious Districts*," to be found in the July number for 1844 of "*The American Journal of the Medical Sciences*," says:—"Another striking peculiarity about these inflammations, is the obstinacy with which they resist what is generally considered a purely antiphlogistic treatment, a treatment that would be in most cases speedily successful in the phlegmasiæ of those living in an atmosphere untainted with malarial, and the facility which, as a general rule, they yield to a course of practice, applicable, in its peculiar features, to the treatment of the uncomplicated fevers of the same regions. The fatality of these affections, for instance of the disease generally known as *bilious* or *typhoid* pneumonia, under a purely antiphlogistic treatment, (by this I mean bleeding, tartar-emetic, purging and blistering,) or under a systematic exhibition of mercurials; or under another system of treatment pursued by a few physicians of the South, viz: the exhibition day after day of drastic purgatives, is very great; whereas under the use of gentle laxatives occasionally, mild antiphlogistics, and the free but judicious use of Peruvian bark or its preparations, the fatality is comparatively limited. Compared with the practice of a few years back, a system of treatment much more judicious and successful, is rapidly being adopted by the physicians of the South, and the number of those who would take pride in boasting of their hundred grain doses of calomel, or the number of *drastic pills* given in a dose, is small, indeed; and this too, notwithstanding the influence of professional dicta, and college impressions."

methodus ægendi of those agents in producing their peculiar and characteristic results, but the general pathological phenomena to which they give rise, may be briefly stated to consist in a less vehement, forcible, persistent and general reaction than is observed in higher latitudes, together with a periodicity, more or less marked in almost every case, and an unequivocal hepatic derangement, varying in its degree of intensity, no matter what may be the organ originally attacked, for the liver is sure to suffer, more or less, as a cause or consequence of disease in hot and malarious latitudes. Nor are these peculiarities unimportant in a theoretical or practical point of view. So far indeed is this from being the case, the peculiarities to which we refer, uniformly command the practitioners earliest and most earnest attention. Instead of the blood-letting and antimonial heroisms, so much confided in and practised in higher latitudes, and which are very sparingly, if at all, used in the South, resort is had to such agents as rectify biliary derangement and prevent the paroxysmal recurrence of disease. But the Alumni of the Atlantic Schools, as well as those of Kentucky and Ohio, regardless of the great fundamental facts that the pathological phenomena and therapeutical indications of the maladies of the South, differ widely from those that are observed in such as occur independently of intense heat and a malarious atmosphere, and believing they have been taught correctly, without hesitation or remorse, subject the Southern constitution to rules of treatment that are no less absurd in principle, than they are frightfully fatal in practice.

We feel authorized in asserting, as the result of the multiplied experience and observation of all ages in low latitudes, that the liver is the great emporium of both health and disease in hot climates. In all its pathological and therapeutical relations, it is an organ of paramount importance to the practitioner, for it is, as we have said, directly or indirectly concerned in most of the modes of morbid action which prevail in the South. A thorough acquaintance with the physiology, pathology and therapeutics of that great organ, so far as understood, is therefore entirely indispensable to the successful treatment of Southern maladies.

Affections of the liver, especially in their graver forms, so far from being common or prevalent in Northern or temperate regions, are rarely if ever observed; it would, therefore, be absurd

to expect from those who have not enjoyed extensive opportunities of observation and experience in regard to them, such an amount and such a kind of knowledge as would enable any one to understand their nature or to treat them successfully. This we confidently assert to be utterly impossible, and ask with equal assurance those who are disposed to venture a contradiction, for what the profession is indebted to those who have practised exclusively in Northern or even temperate latitudes, in relation to the physiology of the liver, or the pathology and therapeutics of that organ? While we concede to them all that can be demanded on the score of anatomy, we answer, absolutely nothing. In proof of this, perhaps, uncourtly assertion, we ask those who are in the habit of enquiring into such matters, but who have not had their attention arrested by this particular fact, to look into the books which have been written by Northern men or those of temperate latitudes, but who had not enjoyed opportunities for the acquisition of Southern experience, and it will be found, with but a very few exceptions, that the liver is regarded by them as an organ comparatively unimportant. This is a natural result of the deduction of pathological and therapeutical conclusions from an observation of the forms of morbid action most prevalent in Northern and temperate latitudes, for they generally leave, as diseases of protracted duration and much debility almost uniformly do, more or less of traces of congestion or inflammation of the intestinal mucus membrane. But the liver, whatever may be said by those who, in reality, know nothing on the subject, but who, from motives perfectly intelligible, may be disposed to set aside or obscure the perception of the truth, is as much of a pathological autocrat in the South, as the lungs are in Philadelphia or Boston—in Louisville, Cincinnati or Lexington; and the other organs of the body are as completely under the presidency of the former in the South, as they are under that of the latter at the North. In different latitudes both organs are more frequently than any others, the subjects of violent and dangerous maladies, and had we time to dwell on the subject or were the occasion a suitable one, it would not be difficult to prove that it cannot be otherwise. The joint and common function perform by them renders this inevitable. This necessarily constitutes both the liver and lungs, organs of the first importance in a pathological as well

as in a practical point of view. That the physicians of Northern and temperate climates should understand better, and treat pulmonary affections with more judgment, skill and success, than those of Southern latitudes, is what their large opportunities of experience, in such complaints, would lead us to expect, but to alledge that they have as correct a knowledge of the nature, and are as competent to treat hepatic affections as those of the South, is preposterous and absurd. They know nothing in fact upon the subject but what they have derived from books, and from such books too, as are of but little or no authority with Southern physicians, while such as have been written by authors qualified, from having studied them in the field of actual observation, to impart accurate and satisfactory information, are rather unceremoniously discarded or condemned, and for no better reason, as is apprehended, than because they conflict with preconceived theoretical opinions, or some gratuitously assumed "great pathological or therapeutical principle." Personally unacquainted with Southern complaints, holding the results of Southern experience in little esteem, and the productions of Southern pens in less, the teachers in the Schools of the Atlantic States and those of the West, are no better fitted to train and instruct Southern physicians than the generality of the works that have been written in the United States on the Practice of Physic; which have commonly led the physician into grave errors, while they have rarely, if ever, instructed or enlightened him on those points, with which it is important that he should be familiar.*

*That the teachers of the sections of country referred to, are no better qualified for the purpose mentioned, than those who have furnished them with treatises on the "Practice of Physic," we think will be generally admitted without hesitation. Now, of the practice so common and firmly established in the South-west, of suddenly arresting, or jugulating, as the French call it, remittent fever, they seem to be entirely ignorant; and to prove that we do them no injustice, the following brief compendium of their views on the subject is extracted from Dr. Ford's article on "*Intermittent Fever*," etc:

"Look, e. g., at the objects proposed in the treatment, in Eberle's Practice—a work which has had so large a share in forming the opinions of medical men and shaping their practice: "In the treatment of this disease, there are three primary pathological conditions, according to which the general indications of remediate management must be directed, viz: 1. Functional derangement of the liver and alimentary canal. 2. Redundancy of morbid or vitiated secretions, and consequent irritation in the intestinal tube. 3. An irritated increased action of the heart and arteries. Hence, the principal indications in the treatment are: 1, to moderate the febrile reaction of the arterial system; 2, to remove out of the alimentary canal, the vitiated and irritating secretions which may be lodged in it; 3, to restore the healthy functions of the liver and alimentary canal; and 4, to obviate gastro-intestinal irritation." *Among the methods of treatment, not a word is said of an effort to arrest it.*

"In Dunglison's practice, the whole routine system of bleeding, puking, purging, sweating, refrigerating, blistering, &c., is examined, but not a word as to the abor-

In relation to the various forms of fever, no "great pathological or therapeutical principle of universal application" has been settled or established. Indeed, so far are we from being able to set up any such pretension, many judicious writers maintain that we are not better informed on the subject than they were in the days of Hippocrates. That this is really the case with those who have been guided by systematic views, or have striven to found its treatment upon an anatomical base, we have no doubt, but we should be sorry to be obliged to make any such admission, in regard to those who have cultivated medicine in the South. Be this as it may, it is perfectly certain that no principle of universal application has been hitherto discovered in relation either to the causes by which it is produced, the intimate and original changes which constitute it, or the remedies by which it is treated. The most common and generally admitted cause of fever is, doubtless, malaria, and yet the existence of this is denied by some pathologists. Even those who believe in its existence and consider it a cause of fever, are far from being perfectly agreed as to the particular forms that owe their production to its agency. Nor is there any uniformity in the pathological manifestations

tive treatment.

"The writer turns to the treatment of Remittent fever in a work published in 1846, by Dr. Clymer, whose aim has been, "to adapt it particularly to the necessities of the American Practitioner," and reads—"The indications of treatment in Remittent fever do not materially differ from those of continued fever. The points more particularly to be attended to, are the reduction of the general fever, the obviating the effects of congestion and inflammatory action in the liver," and other organs. In a note, we are informed, *that the simple expectant plan is the one which has been generally of late recommended by the experienced!* At the end of the note the indication is stated, in the Congestive fever, to prevent the recurrence of the paroxysm.

"In Watson's Practice by Condie, Remittent fever forms the subject of a note—in which it is announced that the most important question that presents itself in the treatment is the propriety of direct depletion by the lancet! And in Professor Dickson's Lectures, commended especially to the Southern student and practitioner, there is the same minute remark upon bloodletting, emetics, cathartics, calomel, cold, &c., &c., but not one word upon what must be regarded as the leading rational object—the checking of the paroxysm. Indeed upon this point, the necessary continuance of the disease when once formed is distinctly, though incidentally asserted. "Could we reasonably hope to prostrate the disease by a single blow, as is often done in the cure of the phlegmasia, in pleurisy, &c., we might more implicitly trust to the lancet; but the case is for otherwise. Here the atmospheric and climatic predispositions are permanent, and the poisonous cause is still diffused around the patient, impressing the tissues with a continuous and UNAVOIDABLE agency. Success does not depend upon, nor can we hope or expect to attain it, by any single measure, however judicious and energetic."

In Professor Chapman's Syllabus, by Kennedy, published in 1846, quinine, the specific remedy for jugulating Remittent fever, is classed among the *adjuvants* of the old routine system of practice.

'And in Bell & Stokes' Practice, even in the latest edition, although the efficacy of the quinine practice is fully shown—the early unconditional use of quinine plainly set forth and triumphantly vindicated, yet in the treatment of the milder forms of remittent, this cardinal object of checking the recurrence of the paroxysm is not even hinted at."—*Southern Med. and Surg. Jour.*

observed in the various forms of fever, whether they prevail in the same or in different latitudes,* or correspondence of opinion amongst writers as to their essential nature. Without entering into particular details, we may say in general terms, that a leading phenomenon in those that owe their origin to the action of malaria, is disorder of the liver, while those whose etiology is in a state of more uncertainty, such as typhoid fevers which are commonly observed in Northern and temperate latitudes, follicular inflammation is a common, but not an universal lesion. The pathology of paroxysmal and continued or typhoid fevers, as deduced from the researches of pathological anatomists, is not only fundamentally different, but there is much reason to believe that there is between them a sort antagonism, which renders it impossible for them to be equally prevalent under the same geographical and geological circumstances—that the endemic prevalence of the former in certain latitudes, longitudes, and upon certain soils, excludes the latter altogether or causes them to be rarely observed and vice-versarily.

In relation to the treatment of fever, has any “great therapeutical principle of universal application” been established?

*Professor Alison in his “*Outlines of Physiology and Pathology*,” says: “that the morbid appearances, found after fatal fevers, are often observed to be remarkably various, even in cases, the leading symptoms of which are nearly the same; and that they are far from bearing any fixed proportion to the intensity of the symptoms of affection of the parts where they are found.”

“L'autopsie des sujets morts de la fièvre n'éclaire pas toujours le médecin sur la nature du mal autant que veulent bien le dire les localistes et les ultra anatomo—pathologistes, ce que du reste se comprend très facilement quand on songe qu'il n'y a pas d'affections que offrent des alterations plus variées. Ainsi sans parler des cas dans lesquels on ne trouve absolument rien à l'autopsie, ni de ceux où les alterations sont tout à fait insignifiantes, nous dirons que les memes affections determinent souvent des lésions anatomiques très différentes, et que depuis les traces les plus légères d'inflammation jusqu'aux ulcerations, et meme jusqu'à la decomposition des fluides, on a trouve chez les sujets qui ont péri tous les genres de lesion anatomique.

“Mais, il y a un fait qui doit fixer toute notre attention, c'est qu'il est prouvé que lorsque la fièvre a duré longtemps on trouve presque toujours à l'autopsie une pluralité de lésions qui demontrent clairement que la fièvre n'est ni une gastrite, ni une gastroenterite, en d'autres terms une réaction de tous les organes.”—*Auber's Traité de Philosophie Médicale*.

Dr. Condie correctly states: “The bilious remittent fever is a disease of hot climates and of the season of greatest heat; thus, while it constitutes the summer endemic of the Southern portion of the Union, it seldom occurs in the middle or Northern States excepting during those summers that are marked by an unusual elevation of temperature, and here, as well as in the places where it prevails endemically, it ceases as the winter approaches.”—(*Watson's Practice of Physic*.) Typhoid fevers prevail almost, if not quite exclusively, in the middle and Northern States, and are most prevalent during the colder seasons. Indeed Mr. Boudin from an extensive experience on the marshy shores of the Mediterranean, not only considers them independent of malaria, but has gone far to prove in his “*Géographie Médicale*,” that they are excluded from those places in which fevers from that cause prevail. In paludal fevers the stomach and liver are the organs in which indications of disease are most commonly detected, but in typhoid fevers, follicular inflammation of the small bowels is the most usual morbid appearance.

On this point we run no risk in making a direct and positive negative response. Indeed no therapeutical principle, for the treatment of diseases in general, has ever been suggested but what was not only derivative in its character, but was deduced, not from observed uniformities in the effects of medicinal agents, but assumed uniformities in relation to the effects of the causes of diseases. Though all medical history shows this to be the undeniable fact, a celebrated and venerable teacher in Kentucky, ventured to utter the enormous absurdity, that students of medicine might go East to learn principles, but they must be educated in the West if they would acquire a knowledge of "the true mode of treating Western maladies." No new and popular pathological principle ever yet existed that did not, and at once, give rise to an equally novel and popular mode of treating disease.* This popularity it continued to enjoy until the results of experience, which have, in every instance, been fatal to the pretensions of "every pathological and therapeutical principle of universal application," proved the theory to be false and the practice it enjoined fatal. We presume the separate and independent existence of principles and practice was never before suggested, but the writer we suppose believed in the existence of "great pathological" but not in "great therapeutical principles of universal application." He need not, however, have admitted the former and denied the latter, for if the principles of Eastern and Western medicine resemble, their practice, is almost, if not quite identical. Nor could it be otherwise according to present arrangements, for every practical branch of the science in the schools of the West, is taught either by Eastern men, or men of Eastern principles and prejudices.

We might successfully refer to the various modes of treatment, followed in different latitudes, and which are said to be

*"To what errors have not mankind been led in the employment and denomination of medicines? They created *deobstruents* when the theory of obstruction was in fashion; and *incisives* when that of the thickening of the humors prevailed. The expressions *diluents* and *attenuants*, were common before this period. When it was necessary to blunt the acrid particles, they created *inviscants*, *incrassants*, &c. Those who saw in diseases only relaxation and tension of the fibres, the *laxum* and *strictum* as they called it, employed *astringents* and *relaxants*. *Refrigerants* and *heating* medicines were brought into use by those who had a special regard in diseases to an excess or deficiency of caloric. The same identical remedies have been employed under different names, according to the manner in which they were supposed to act. *Deobstruents* in one case, *relaxant* in other, *refrigerant* in another, the same medicines have been employed with all these opposite views; so true is it that the mind of man groups in the dark, when it is guided only by the wildness of opinion."—*Bichat's General Anatomy*.

successful in illustration and proof of the assertion, that no "great therapeutical principle of universal application" exists; but this we hold to be supererogatory, for, from all we can learn, no therapeutical principle, either partial or universal, is confided in by the generality of the physicians of Northern and temperate latitudes. This is especially the case with those who are regarded as authorities in the profession, for according to them, the treatment of fever is vague, unsatisfactory, and in an eminent degree, uncertain. Nor is this all. They have failed so signally in the treatment of disease in general, that they have become almost perfect infidels as to the remediate powers of the articles of the *Materia Medica*. As a natural consequence, they are daily increasing the number of "self-limiting diseases"—that is of maladies which will run their course—that cannot be abridged by treatment.* In other words, they failed to cure the diseases which they had an opportunity of observing and treating, and absurdly concluded that they are either, in their nature, absolutely incurable, or that the healing art is impotent. The statistical results of Dance's experience, or rather experiments, as embodied in his *Treatise on Fever*, are a melancholy comment on the curative efficacy of French medicine, of which North-eastern practice is almost a literal transcript, for medical expectation, which, Ascepiades properly called a meditation on death, constitutes the sum and substance of the former, is the common and current practice of the latter.† He assures us that he obtained nearly the same ratio of success from the anti-spasmodic, depletant, tonic, evacuant and revulsive modes of treatment. At this, however, we are not surprised. No better result could have been expected by a rational or an experienced physician. His facts were accumulated in a hospital, where, from personal observation, we assert cases are arbitrarily classified, while no al-

*"Of late the list of 'self-limiting diseases,' has received very large additions at the hands of writers of high authority. In their speculations upon the subject, however, these gentlemen seem to me, to have been misled, either by an original inclination to the 'medicine expectante,' or by the failure of their therapeutical experiments. Bigelow and Smith in our own country, and the celebrated Louis in France, have ranked typhus fever, or 'typhoid affections,' as the phrase is, under this head; and the latter, the father of the 'numerical system,' has gone so far as to maintain the same views in reference to peripneumony and other phlegmasiæ."—*Dickson's Practice*.

†See the note on page 18, in which we are informed by Dr. Clymer, of Philadelphia, that "the indications of treatment in Remittent fever do not materially differ from those of continued fever," and "that the simple expectant plan, is the one, which has been generally of late recommended by the experienced."

lowance is made for peculiarities of constitution, and all the cases of any type of disease, are treated as if they were perfectly identical.* From facts thus collected, the therapia of France, and we would judge that of the Northern cities of this Union also, is deduced, and consequently there is no reason for surprise that it should possess little or no efficacy, or that it has caused, in particular latitudes, a wide spread infidelity in all ranks of the profession.†

But this is very far from being the case in the latitudes of the South. The physicians here have a well grounded confidence in the powerful and certain curative efficacy of the modes of treatment generally followed. Disease has a fixed, certain and almost inevitable tendency to death, and physicians have been obliged to look out for the means of counteracting it.‡ If active-

*"I have set forth the facts, which enforce the importance of rejecting all army statistics, and other reports, as forming an improper foundation for great pathological and therapeutical conclusions; and have endeavored to show that all such conclusions should be drawn exclusively from the private walks of the profession, where the constitution is natural, the habits good, and disease early and judiciously treated, and where especially, the superintending physician is, bona fide, the prescriber and critical observer, and more anxious for the recovery of his patient than for a *post mortem* examination. Hospital reports represent nature in her most distorted aspects, the treatment of disease being often begun at its moribund stages, and when the system is full of organic lesions; this treatment, is too often experimental, and without reference to fundamental physiological principles."—*Paine's Institutes of Medicine*.

"I know," says Zimmerman, "a certain Esculapius who has fifty or sixty patients every morning in his anti-chamber. He just listens a moment to the complaints of each, and then arranges them in four divisions. To the first he prescribes bloodletting; to the second a purge; to the third a clyster; and to the fourth change of air! The same vulgar prejudice leads people to have a great idea of the practice of large hospitals. I have seen in my travels, some of the largest hospitals in Europe; and I have often said to myself, Heaven surely will have pity on these miserable victims."—*Ibid*.

†"Grace à cette philosophie, on ne tardera pas à prendre une idée plus favorable de la thérapeutique, et nous ne rencontrerons plus, il faut l'espérer, une foule de gens du monde, et même quelques confrères, qui nous demandent tout bas à l'oreille, et de bonne foi, si nous croyons à la thérapeutique. Selon eux, la médecine devrait être, jusqu'à un certain point, assimilée à la science de ces augures qui ne pouvaient se regarder sans rire. Certes, il y a de quoi s'affliger pour le vrai médecin, en entendant parler ainsi aujourd'hui de la médecine. Qu'on s'étonne après cela, si l'*homœopathe*, qui ne vaut pas assurément beaucoup plus que la science des augures, exploite largement l'ignoranté credulité du vulgaire!"—*Bouillaud's Essai sur la Philosophie Médicale*.

‡"There is a strong tendency in remittent fever to a fatal termination when left to nature or judiciously treated; in some slowly, in others with great rapidity. In almost all every symptom indicating an unfavorable termination augments with each exacerbation. In each exacerbation the organic lesions, by which death is brought about, are increased in number and variety. There is rarely, I mean in cases originally of medium severity, anything like a spontaneous amendment. Besides this regular and gradual increase most generally observed, there are, at times, as has already been noticed, sudden and unlooked for changes for the worse, rapidly and unexpectedly leading to a fatal termination. In the language of Lamphiere, (*Diseases in the Army of Jamaica*), "from a state apparently of little danger, without any assignable cause to death, there are frequently but a few hours interval." How different from the slow and gradual progress and the moderate tendency to death, under an expectant treatment of the continued fevers of colder regions. Few Southern practitioners could be found to agree in the sentiment expressed by Dr. Miner, of Connecticut,

ly employed in the practical duties of the profession, and if qualified to acquire knowledge by opportunities of observation, the physician will learn more of the real nature and the proper mode of treating disease, during a residence of a few years in the South or South-west, than is possible during a whole life time in most Northern or temperate regions. In the former the annual endemicity of disease is one of its chief characteristics—its recurrence is looked for with as much certainty as the arrival of the summer solstice, consequently ample opportunities for studying its nature and of ascertaining the proper mode of treating it are enjoyed. The principles of treatment are therefore soon understood, and when applied to practice, they are found to be generally successful. Annually called on to encounter disease on a large scale—not in little foraging parties, as is the case in colder climates, but in vast cohorts that require energy, decision and skill for its subjugation, he soon learns the value of treatment, and soon acquires confidence in the resources of the profession. In the latter, however, sporadicity is a chief characteristic of disease ; it occurs, comparatively speaking, rarely, irregularly and generally at distant intervals. This necessarily makes the field for observation limited and commonly unfruitful, as is proved by the fact, that the modes of treatment followed are vague, variable and fluctuating, and as a natural result, the physicians become more or less sceptical. When epidemics occur they commonly pay no respect to latitude, longitude or soil, and consequently in relation to them there is probably no difference, as to the knowledge possessed by the physicians of the different divisions of the globe. Nor is the experience acquired in the treatment of them of much value, or the knowledge possessed of sporadic cases of apparently the same disease, calculated to shed much light on their nature or treatment. No physician has ever witnessed two epidemics of precisely the same character, that would yield to precisely the same treatment, or that would submit to the management followed with success in sporadic cases. There is a tendency to death in a particular way in each epidemic, and this the physician must discover and if possible resist.

that with a few exceptions "he never saw a regular case of fever either run its course or prove fatal, that might not fairly be attributed to some obvious neglect or mismanagement on the part of the patient, or nurse, or physician."—*Boling on Remittent Fever.*

That the principles of treatment are nothing like as fixed or as uniform in the North-eastern and Western as they are in the South-western portions of the United States, is conclusively proved by the fact, that the diseases of the former, although less violent and malignant than in the latter, the proportional mortality amongst those who sicken is greater. In one of the Western States, with a section of which we are personally familiar, the mortality from fever in particular, considering the small number of cases that occur, is so frightful, we are very sure that were it to happen in any South-western community, it would certainly bring irrecoverable disgrace and ruin upon all those concerned in it. So far are we from shrinking from the responsibility of this declaration, we make the further and perhaps still more hazardous assertion, that we believe from personal observation in various latitudes, that if accurate statistics could be obtained, it would be found that fever is treated in no part of the world so successfully as it is in the South and South-west.*

Whether this be literally true or not it is absolutely certain that, so far from being in possession of any "great principles of pathology and therapeutics of universal application," the pathological phenomena and therapeutical indications of different latitudes and longitudes differ very widely. This being, as it must be, conceded, it follows as an irresistible consequence, that those who design to follow the profession in the South-west, should be ed-

*"The general prognosis in bilious remittent differs somewhat in different localities, and in successive years of the same locality. From the authentic records of its mortality, it is certain that the proportional success of the modes of treatment in the South and South-west, must be greater; or that the violence and fatal tendency shown by the disease must be less, than in other malarious regions. From all that I can learn on the subject, I am not disposed to rate the proportion of deaths within our city (Charleston,) at more than one in thirty; it may exceed that amount, *yet not greatly, in the country practice throughout the Southern States. It is not among us, then, that converts are to be made to the obsolete temporising measures of the ancients; the medicine expectante; the homœopathy of the German dreamer; nor to the iced water, leeches, mucilage and lemonade system of the modern Frenchman.*"—Dickson's Practice.

"Though the fevers there," Dr. Holmes remarks, "do not require such large doses of this article (quinine) as in the South, they require very different ones from those that are now given. I have known in Chester county, Pennsylvania, in a small district, *one-fourth the number of patients die who were seized with a pure miasmatic congestive fever, differing from that of Florida only in its lighter grade; yet the disease as treated by army surgeons in Florida, with quinine, was one of the least mortal, probably not more than one case in forty proving fatal.*"—(Am. Jour. Med. Science, for Oct. 1846.) Dr. Josiah Nott, of Mobile, in his article on "*Life Insurance at the South,*" says:—"We will remark in passing the low degree of mortality amongst children in Charleston compared with Northern cities. In Charleston, the mortality under five years is 31 per cent, while in Boston it is 46, and in other Northern and European cities the percentage is still greater.

"The average mortality for the last six years in Charleston for all ages, is 1 in 51 including all classes."—(Commercial Review.) This is a mortality much less than is met with in any Northern, or, it is believed any Western city.

uated under the supervision of those who have acquired a personal knowledge of the complaints peculiar to and characteristic of it. Others may speak learnedly on the subject, but they cannot, in the nature of things, teach wisely or successfully. It is beyond dispute, that to communicate information to others on any subject, it is absolutely necessary that those who undertake to give instruction should be perfectly familiar with it themselves. To affirm, therefore, or maintain that the teachers in Northern Schools, or even those in the temperate latitudes of the United States, are competent to train physicians for the duties and emergencies of the profession in Southern or South-western climates, is to utter an absurdity as great, as if it were asserted that clinical instruction is an useless and unnecessary part of medical education.

If what has been urged be true, and we invite contradiction, the pertinent question at once addresses itself to every intelligent mind, in what consists the wisdom or propriety, or even safety of sending young men to Northern institutions for medical instruction, if it is designed that they shall practice in the South-west? Such a course of conduct viewed in the most flattering light must be regarded as palpably absurd, if not ridiculous. There, it is evident they can learn little or nothing that can be relied on as to the nature of, or the proper modes of managing South-western maladies. Nor is this the worst that is to be apprehended. Their minds will be familiarized with much, that instead of being useful, will prove positively disadvantageous to them. It is a fact which the fullest experience has confirmed and established, that when such individuals settle in the lower latitudes of this Union, they are obliged to relinquish most, if not all, the theoretical and practical principles in which they had been indoctrinated. This will take time, and as it necessarily involves a sacrifice, and one too at which both prejudice and pride will instinctively revolt, nothing but the threatened danger of a forfeiture of character, and the extinguishment of all hope of rising in the profession will force them to submit to it.*

The inability of Northern physicians as well as of those who reside in temperate latitudes to treat successfully the maladies of the South-west, is conclusively proved by the enormous comparative

*Vid. Dr. Tuck's testimony on page 5.

mortality which is observed amongst those who, after having resided for months, in succession, in a malarious region, migrate to colder latitudes and subsequently sicken. From what we have actually observed, we do not hesitate to affirm that it is almost equivalent to a sentence of death, for South-western men to sicken of any acute disease, and especially of fever in any of the Northern or middle States of this Union. The reason is very obvious. The physicians into whose hands they generally fall have not seen, and consequently know little or nothing of South-western complaints. Nor is this all. So wedded are they to preconceived principles of pathology and practice, or in other words it would perhaps be more correct to say, that having no settled views in regard either to the one or the other, should there be any thing so peculiar in their character as to render a special mode of management necessary, death is a too certain and common result. They are commonly subjected to modes of treatment in which those who enforce them have little or no confidence, and when this happens, the result is without difficulty foretold. This event has so frequently occurred, that it is not at all uncommon to hear persons who reside in the South-west, but who, during the hot months go North in order, as they suppose, to escape its diseases, alledge that the latitudes to which we refer are actually more sickly and their maladies more dangerous, than those which, at home, they so much dreaded. But this is a very great error. The febrile principle remains for weeks and often, even, months in a perfectly dormant state in the systems of those who have breathed the air of a malarious district,* consequently those who protract their sojourn too far into the summer months, as is often the case, before they migrate North, carry with them the seeds of disease.

*" Mais quelle est la durée réelle de la période de latence de l'intoxication des marais ? en d'autres termes, pendant combien de temps l'homme qui a subi l'influence de leurs miasmes, reste-t-il après avoir quitté le foyer, expose à des maladies de nature paludéenne ? Cette question a été résolue de plusieurs manières : M. Nepple par exemple s'est contenté de nier simplement cette période de latence ; Lind en a fixé les limites à 12, Baumes à 15 jours. Hamilton raconte que sur un bataillon anglais d'environ 700 hommes, qui avaient séjourné à Walcheren, la maladie, qui avait fait tant de victimes dans cette île, ne se manifesta que 7 à 8 mois après le retour en Angleterre, et avec une telle véhémence que 21 seulement lui échappèrent et qu'une centaine en perit. Sur 300 chasseurs de la Vieille-Garde qui s'étaient arrêtés 12 jours à Breskens, en 1811, aucun ne fut atteint de fièvre sur les lieux mêmes, tandis que plusieurs furent frappés, un au plus tard, sur les bords du Niemen. Pour notre compte, et en consultant les nombreuses observations que nous avons pu faire en France, à des époques et en des lieux exempts de fièvres d'accès, sur des hommes venues de la partie marécageuse de la Corse, de Morée ou de l'Afrique, nous n'hésitons pas un instant à déclarer que la période de latence de l'intoxication des marais est susceptible de se prolonger au delà de dix-huit mois."—*Boudin's Essai de Géographie Médicale.*

Nor is this all. There is reason to believe, that to continue in a malarious atmosphere after having been exposed to it, is less dangerous than to leave it. It is a prevalent opinion in some parts of the country, that the pure air itself, after such exposure, is an exciting cause of fever. If so, it may serve to explain the reason why so many South-western people sicken when they go North, and it should admonish them of the necessity of observing all proper hygienic precautions.* When hundreds of miles from home, however, from a feeling of security, they too often recklessly expose themselves to the exciting causes of diseases which exist in sufficient abundance in all climates. They consequently sicken in considerable numbers, and being treated by those who do not understand their complaints, many of them fall victims to the joint influence of temerity on their part and ignorance on that of their medical advisers. No matter what may be the form of maldy from which they may suffer, it will certainly, to a greater or lesser extent, present itself, if we may use the expression, in a malarious livery. Ignorant of this, and therefore making no allowance for it, no corresponding modification is introduced into the treatment, it is of necessity managed in an improper manner, and too often unsuccessfully. The existence of the febrific principle in the systems of students of medicine, after having been exposed to a malarious atmosphere during the summer and autumn, and who have the courage to go to a cold, bleak and an excessively variable climate in search of medical instruction, is a chief cause of the sickness and mortality that prevails amongst them. It is proverbially true that in the class of individuals just alluded to, there is more sickness and mortality than amongst all others who attend the medical institutions of the North-east and West.

Should it so happen, however, that while exposed to the perils of a winter residence in a cold and an inclement latitude, they nei-

*"Farther it is not only alledged that one who has remained within a malaria district long enough to become affected by its influences, is more likely to be attacked by fever if he remove thence or change the air, as the phrase is, but it is absolutely proved that the consequent attack will by such change be rendered far more serious and even malignant." "Besides this a similar aggravation of violence and danger is affirmed to occur every where, when a subject efficiently exposed to the influences of febrific miasmata, has removed during the latent period to a pure and salubrious atmosphere. This is true, as Flint tells us, of the upland prairies of the far west, and as I have more than once had the unhappy occasion to note it in our own lofty mountain regions."—*Dickson's Practice*.

ther sicken nor die, does it follow that the foundation has not been laid for the subsequent developement of ulterior and fatal maladies? Certainly not, for experience has proved it to be entirely otherwise. The scrofulous diathesis, though not generally suspected, is known to be almost, if not quite as common in hot as it is in cold climates, although actual scrofulous disease is infrequent there.* This results from the fact that the exciting causes, such for example as cold and wet, do not exist to anything like the same extent in the former that they do in the latter. So long as they do not expose themselves to the action of these they rarely, if ever, suffer from scrofulous complaints. But expose a Southerner in whom this unfortunate diathesis exists during the period of a whole winter to their conjoint action, and they are unavoidable in a Northern or a temperate latitude, and he will almost certainly return home labouring under unequivocal evidence of incurable disease.† The soft and balmy air of the South, together with the therapeutical agency of a malarious atmosphere will delay its progress, and in some instances effect a cure,‡ but this is generally a respite only, for in a majority of cases his doom is already, before he returns home, irretrievably

* "It is however, a mistake to suppose, that the tendency to scrofulous disease cannot be formed in hot climates. The long continued application of heat, in early life, is weakening and therefore favorable to the formation of the scrofulous habit; and it is found by experience, that the natives of these climates, both white and black, are peculiarly liable to scrofulous diseases when they come to the colder climates; from which it obviously follows, that the rarity of scrofulous diseases in the warmer regions of the globe, is the effect of exemption from its external causes—from cold of sufficient intensity, and more especially of sufficient endurance;—but that it is not the effect of the absence of the internal predisposition to such diseases, in the inhabitants of those regions."—*Alison's Outlines of Physiology and Pathology*.

"The native inhabitants of hot regions are by no means, however, exempt from struma in any of its forms. When they come to these latitudes they are more subject to scrofula than we ourselves are. And the same effect of climate is very distinctly visible in the lower animals. The physicians in ordinary to the inmates of the Zoological gardens will tell you that the beasts and birds which are brought hither from warm latitudes perish in great numbers from scrofulous diseases. John Hunter observed this long ago in respect to monkeys."—*Watson's Practice of Physic*.

† "Although it is of real importance to remove young persons, evidently of scrofulous habit, from a colder to a warmer climate, at the period of life when scrofulous disease is apt to occur, in order that the excitation of the disease at that period may be avoided; yet it is a mistake to suppose, that this measure furnishes any security against scrofulous disease in future, if they shall return to their native climate, and be then fully exposed to the causes of such disease."—*Alison's Outlines of Physiology and Pathology*.

"Persons who migrate from this country (England) to warmer and more equable climates, seldom become scrofulous; nay, it very often happens that the incipient indications of strumous disease are completely arrested or quieted by the change. Phthisical patients, much troubled by symptoms here, are sometimes so thoroughly freed from them soon after their arrival in Madeira, as to be deceived into the belief that their case had been mistaken. They think themselves well. A return to this country undeceives them."—*Watson's Practice of Physic*.

‡ A writer who has made the prophylactical and therapeutical virtues of malaria a

fixed. It is perfectly obvious, therefore, that nothing can be more indiscreet or more hazardous, than for a delicate Southern constitution to be exposed to a winter residence in a cold and an inclement latitude.

It has been alledged in this discourse that a great degree of scepticism in relation to the curative powers of therapeutical agents, prevails amongst the dignitaries of the profession at the North, and we may say, from personal intercourse with medical men of the highest respectability, and without injustice to them, that it exists to almost an equal extent in the larger cities of the West. Nothing of this sort is observed at the South-west. Indeed, as a general rule, those who have enjoyed the amplest opportunities of putting their efficacy to the test have the most confidence in them. For this, there must be a single adequate or a plurality of concurring causes. Without undertaking to enumerate the whole, or to speak of them in the order of their comparative agency, we may, without hesitation, venture to designate the influence which systems have exerted, and also the ineffectual attempts that have been made to localize disease as sufficient for the result that has been produced. Some "great pathological principle," such for example as *gastro-enterite* or *venacavaism*,* has always been popular with and has held possession of

subject of special study and investigation, says:—"Les malades atteints de tubercules pulmonaires au premier degre eprouvent generalement du soulagement sous l'influence du sejour dans une localite marecageuse; plusieurs auteurs affirment meme avoir constate des cas de guerson."—(*Boudin's Geographie Medicale*.) Dr. Pacoud says:—"Une remarque que je tire de mon propre fonds, c'est que les enfans appartenant a des riches, et qui sont envoyes dehors pour leur education, perdent le benefice des pays paludeens"—*Boudin's Geologie Medicale*.

*"It is a *gastro-enterite*, cry the disciples of Broussais and there can be no cure but the leach. It is cerebral inflammation, respond the followers of Clutterbuck, and the only remedy is venesection. Purgatives are the true treatment, proclaims the Edinburgh School. They are irritating and dangerous, replies that of London. In fact, all are equally right and all are equally wrong if they fail to note times and seasons, the nature of the epidemic, and the characteristic tendencies of the patient's constitution, his powers to bear the operation of medicine, and his ability to resist the tendency to death."—*Ferguson's Notes and Recollections of a Professional Life*.

"And this brings me in mind of an honest Quaker of the profession, who being very ill, had three doctors to attend him, Mr. Abernethy, Dr. Blundell, and a physician whose name I now forget. Each of these had his own notion of the disease. Mr. Abernethy, [the sepulchretum of Dr. W. B. Dudley's originality, for it is from him that he derived all that he annually doles out to his patient classes about "*chylo-poet-ic derangement*,"] of course said, it was all owing to the state of the "digestive organs," Dr. ———, being a stethoscopic man, maintained that the "heart was affected," and Dr. Blundell, in the true spirit of a man midwife, declared that their patient was only "hysterical." Now the patient though a Quaker, was a humorist; so he ordered in his will, that when his body should be opened after his death, his *digestive organs* should be presented to Mr. Abernethy, his *heart* to Dr. ———, and to Dr. Blundell his *womb*, if he could find one."—*Dickson's Chrono-Thermal System of Medicine*.

the medical mind. This, whatever it happened to be at the time, dictated the course that was pursued in the treatment of disease. Being of universal application "or rather being universally applied," if it did any good it was an exception to and not the general result. This necessarily caused the study of symptoms and the indications deducible from them, to fall into desuetude—the effects of medicinal agents generally could not be observed, for under the dominion of every system that has ever prevailed, the treatment consisted of a unity or a duality, and everything not included in the popular therapia was unceremoniously discarded as either useless or injurious. The uniform inapplicability of the "great therapeutical principles" which obtained vogue on the authority of systemtists in medicine, to the treatment of disease, has caused them, after a brief trial, not only to be abandoned, but it has lead to a too prevalent distrust of the powers of the healing art. That the practice enjoined by systems has not in a single instance been deduced from a careful observation of the effects of therapeutical agents in disease, but from some "great pathological principle" gratuitously assumed, cannot be denied. The result has been, as might have been expected, and as has been already intimated, that it has not only wholly failed to answer expectation—but has brought discredit upon medicine as a science, and caused a wide spread infidelity to prevail amongst those who practice it as an art. Nor have the anatomopathologists in their efforts, which have been directed exclusively to the localization of disease, contributed in any way whatever, to strengthen or confirm confidence in the curative powers of medicine. They have asserted, and it is still, very generally believed by their disciples, that a knowledge of the precise seat of a disease is essential to the institution of a successful course of treatment. Than this no assumption could be more gratuitous, and no dogma in medicine has been productive of more unhappy consequences. Of the seats of many diseases we know absolutely nothing, and yet we manage them with a very satisfactory success by a treatment which has resulted from experience and observation only. This is especially the case with intermittent and remittent fevers, which are treated with marvellous success at the South-west. With some of their leading pathological phenomena we are, it is true, familiar, but no one conversant with them pre-

tends to have any knowledge of their precise locality. We might mention many other affections which are in exactly the same condition as to the information that is possessed of their respective seats but which we are enabled to bring under complete subjugation without difficulty. What, however, has been the result, in a therapeutical point of view, in regard to those maladies which the anatomo-pathologists imagine they have succeeded in localizing? They effect to believe and with wonderful unanimity, although equally competent judges not only doubt but deny it, that they have succeeded in proving that typhoid fever consists in follicular inflammation. What has been the result? A diminution of the obituary lists in Northern and temperate latitudes where the varieties of that form of fever are known to prevail? Certainly not, for so far as a knowledge of follicular inflammation has influenced treatment, there is sufficient reason to believe that the mortality from typhoid fever has actually increased. It is certainly not less fatal than it was half a century ago, while amongst modern physicians, those who have paid little or no attention to the lesion of Peyer's glands, which is so alarming to the imaginations of anatomo-pathologists, have obtained decidedly the most success. With all the pretended light that has been shed by the anatomo-pathologist upon the seat of typhoid fever, no treatment, in which a general confidence is reposed, has been introduced by them. Indeed, in relation to the very form of fever which they have investigated with the most zeal and profess to understand the most perfectly all that is known of its treatment, is involved in vagueness and uncertainty, indecision and infidelity. Nor is this the case in relation to typhoid fever only. For more than a quarter of a century the minds of physicians in general, but more especially of those of Northern and temperate latitudes, have been so haunted with the idea of gastro-enteric irritation, so apprehensive of exasperating this imaginary lesion, that they have been deterred from the employment of other than such agents as are supposed to be specially adapted to the treatment of inflammation. All other remedies have been condemned on grounds purely hypothetical. Even the use of purgatives, once so popular in the West, it has caused to be proscribed to the great prejudice of the art. We are well satisfied that, for a number of years, this valuable class of medicines has

suffered very unjustly in professional estimation.* Finding that the use of such remedies as were deduced from this "great pathological principle," failed to procure such an amount of success as was expected, it was abandoned, and faith in the curative resources of the art was thus far shaken. This feeling of distrust has gone on progressively increasing until at the present moment, especially in those parts of the world where the most books are written and medicine is erroneously supposed to be cultivated with the most success, almost all confidence in its resources is destroyed. As a natural and legitimate consequence of existing modes of thinking and acting, medical expectation and homoeopathy, which are only learned terms for a deeply rooted infidelity, have become the order of the day.† We believe it may be safely asserted that those who have seen the least of disease and consequently know less of it than all others, have arrogantly assumed the prerogatives, office and functions of dictators to the profession, and therefore, what does not quadrate with their cabinet cogitations is discarded and denounced. The value of any given treatment, consequently, is not judged of by the actual results of experience, but by its accordance with some "great pathological principle," or its ability to stand on an anatomical basis. Thus it is that the destinies of the profession are in the hands of men who have much literary leisure, but few opportunities of becoming personally acquainted with disease as it actually exists. Their authority, however, is imperatively binding on those only, who, like themselves, see little of human suffering, and consc-

*Within a few years it has been a very popular affirmation that in enteritis "purgatives must necessarily add to the existing irritation and inflammation." On this subject a distinguished Southern teacher justly remarks:—"However plausible this may seem, no prejudice can be more ill founded. Nor do I consider any point in practice better settled, than the importance and propriety of the administration of purgatives, in the case under consideration. Nay, it is asserted in round terms, by one of the most respectable of modern writers, that "if in the course of a reasonable time, free feculent discharges can be procured from the bowels, the pains will gradually diminish, the pulse abate in quickness, and the patient be in the way of recovery, and that the cure almost entirely depends upon our success on this point."—*Dickson's Practice.*

†The vis medicatrix and medical expectation are convertible terms, and read what Dr. Russell, an homoeopathist, says of the former:—"If ever medicine suffer utter degradation, it will be brought about by means of this new school. The leaders of the profession are engendering a scepticism in medicine which, unless counteracted, will blight it to the core. Practitioners of physic will become divided into two classes,—the one believing nothing, but yet acting as if they did, and giving the countenance of their high talents and acquirements to the rankest hypocrisy; the other class believing any thing or every thing, but have no substantial grounds for their belief; cold, cultivated sceptics will be the aristocracy, and ignorant but energetic dupes of their own credulity the democracy, of this noble and glorious profession."—*British Journal of Homoeopathy.*

quently have but scanty opportunities of judging of the correctness of prevailing opinions and practice. In the South, however, on account of the large number of cases that occur as well as of their malignancy, physicians are obliged to be active and close observers of the nature, tendency and treatment of disease, and therefore, soon discover the fallacy of systematic assumptions, the absurdity of "great pathological and therapeutical principles of universal application," and discarding them they by studying and treating disease as Sydenham did, soon acquire confidence in the art.

The revolution which, within the last twenty-five years, has been effected in the science, and the deplorable condition to which it has been reduced, has been in a great degree, the work of the anatomo-pathologists. They have been almost uniformly timid and irresolute, if not pusillanimous physicians,* or infidels in medicine.† Besides the fact that not one of them has ever become celebrated as a practitioner, or has, in any way, contributed to enlarge or multiply the resources of the art, they have, so far as their influence has extended, served to paralyze the right of arm physic and to destroy confidence in the healing art. This has been done by those very men who repudiated all philosophy and who profess to believe that medicine may be made, by studying the dead instead of the living body, to assume the certainty and precision of an exact science. The avowed enemies of theory attempted this great achievement by assuming, for example, in regard to inflammation, a "great pathological and therapeutical principle," which is as grossly false in point of fact as it is possible to conceive. First, that inflammation consists in increased vital action of the vessels, and consequently that the employ-

*Ruysch, Malpighi and others were scarcely known as physicians; the great Winslow trembled when he ordered a purge, and Bouillaud holds them in such horror that we have known him positively refuse to visit a physician because he had taken a cathartic. The celebrated Duverney thought himself struck with a mortal sickness when but slightly indisposed: "Comment, lui dit gaiement Dumoulin en l'abordant vous perdez la tête et vous vous effrayez pour si peu de chose, pour une pareille bagatelle? Hélas! répliqua Duverney, c'est que, ce que je sais d'anatomie me fait trembler. . . . Eh bien rassurez-vous, dit le vieux praticien, vous connaissez certainement votre corps mieux que moi mais a coup sur je le guerirai mieux que vous."—*Auber's Philosophie Médicale*.

†"So great a stumbling-block to a proper knowledge of medicine has been this exclusive and too minute attention to dissection, that Dr. Baillie, its greatest patron, after retiring from practice confessed his total want of faith in physic. The experience of his whole life was equally a satire on his anatomical knowledge, and the value too often attaching to a medical reputation."—*Dickson's Chrono-Thermal System of Medicine*.

ment of anti-phlogistic remedies is alone indicated. Of what inflammation, in its essence, precisely consists, we, in fact, know nothing. Should it, however, be present in every instance in which the anatomo-pathologist believe that it is, it is not by theoretically deducing a "great therapeutical principle" from the supposed increased vital action of the vessels of an inflamed part, that we shall be directed to the adoption of the proper mode of treatment. This can result only from the uniformities observed in the effects of remediate agents administered in the circumstances in which it is believed that inflammation exists. This position is established by the fact that those who have studied disease in the sick-chamber instead of the dead-house, have determined that the pathological character of what is called inflammation is not always and under all circumstances precisely the same. It is now the result of abundant experience, that in different cases—different seasons, and in different circumstances, it yields, and apparently with equal readiness, to modes of treatment that differ fundamentally in character. These constitute discoveries which the systematist and anatomo-pathologist would never have made, and it follows that in but one class of cases of inflammation would they have any chance of success.

That anatomo-pathologists should be unsuccessful practitioners, and have little or no faith in the curative powers of remediate agents, is not surprising, when we reflect that, and this every thinking man must admit, they have almost invariably taken effects for causes. Their therapeutical indications always rest upon an anatomical basis, and this basis consists of the consequences of protracted morbid action which throw little or no light upon the essential nature or proximate cause of the malady. In inflammation, for example, the indication is to disgorge the sanguiferous system, but this so far from always moderating or subduing, sometimes exasperates the symptoms, and if persevered in, destroys life. This should long since have taught them that there is something more in inflammation than mere morbid fullness or increased action of the vascular system.

In the face of the direst results, the thought seems never to have been suggested to them, that they have been acting upon an erroneous principle, and that practical medicine has not been and never can be improved by the course they have been pursuing.

Their failures they ascribe either to the incurability of disease or the impracticability to abridge its course, and that it is self-limited in its character. To encourage this spirit is to impair public confidence in the profession, to multiply rapidly the number of self-limiting diseases, and ultimately to impress the public with the belief of the complete impotency of the art. Thus homoeopathy has sprung up from the seeds sown by the anatomo-pathologists, and has vegetated so luxuriantly that it threatens to overshadow, with its influence, the Northern and temperate latitudes of the United States. In those sections of the Union the allopathists are dumb with amazement and paralyzed with fear at the triumphs that have been won over them by the homoeopaths. It is amusing, if not laughable, to hear the former ascribe this result to the stupidity and gullibility of the public, when, in fact, it is obviously owing to the infidelity that prevails amongst themselves as to the efficacy of the healing art. Between medical expectation and homoeopathy there is no real difference,* for they are equally impotent. But the homoeopathist professes to have unlimited confidence in the power and efficacy of infinitesimal doses, while the anatomo-pathologist has little or no faith in physic. It is not surprising, therefore, that the public should not patronize those who have no confidence in the art which they profess to practice.† It must be admitted, however, that there is a fundamental and an important difference between them;—the former makes “hope spring eternal” in the patient’s breast, while the latter extinguishes the “last pale hope that trembles at his heart.” This being the case, the triumphs of the former and the defeats of the latter will excite surprise in the minds of anatomo-pathol-

*“On a voulu substituer a ce principe [*contraria contrariis curantur*] celui de *similia similibus curantur*. Il semble que le pere de l’homoeopathie ait lui-meme senti l’énorme absurdité d’un pareil dogme en appliquant la division *infinitesimale* aux médicaments qu’il administre. En effet, grace a cet artifice, le danger de sa pratique, ce veritable type de la médecine *negative* ou *expectante*, se trouve, sous un rapport, comme non avenu. En dosant les médicaments a l’instar des *allopathes*, les homoeopathes eussent fait trop de mal pour pouvoir trouver quelques partisans.”—*Bouillaud’s Philosophie Medicale*.

†One of the correspondents of Dr. Forbes, exclaims, “What more melancholy fact can be presented to the mere prescriber, when he first enters upon the duties of his benevolent profession with the enthusiasm of unsoured philanthropy, than the continued assurance of the Nestors of the profession, that the greater our experience the more positive our conviction that we can do nothing? And it only proves the immense force of habit that, with such convictions, we do not see men quit a profession which, under such circumstances, requires a constant exercise of hypocrisy and a constant sacrifice of principle.”—*British and Foreign Medical Review*.

ogists only. All others understand the cause of it, and prosecuting the profession in a proper spirit, they act accordingly.

In the South-west, however, neither the homoeopathist nor the anatomo-pathologist will find countenance or encouragement. Disease is much too violent and malignant, and the efficacy of active and energetic treatment has been too often witnessed, is too well understood, and is too justly appreciated for either of them to be able to take root or to flourish. This is impossible unless the homoeopathist practises secretly what he has not courage or honesty enough openly to avow, and this it is believed he does in all latitudes, or the anatomo-pathologist abandons the anatomical basis of treatment, and endeavours to relieve human suffering by studying and analyzing symptoms and observing the effects of remediate agents. Since, therefore, the public in the North-eastern portions of the United States has been reduced to the desperate necessity of selecting between homoeopathy and medical expectation, and as, from a full trial of both, it has been constrained to decide in favor of the former, it must appear to every intelligent and reflecting individual, at all acquainted with the complaints that result from malaria or intense heat, the most preposterous of all absurd ideas, to send young men to the North-east or West, in order to prepare them for the practical duties of the profession in the South-west. If there were no other reasons why this course of conduct should be condemned, the general unsuccessfulness of the Alumni of the Atlantic and Western Schools of Medicine on their first settlement in the South-west—the frequent discovery, by them, of new forms of disease unfamiliar to them and uncomprehended in their nosologies, but which the experienced physicians of the country recognize as old acquaintances,* and their ultimate and complete abandonment of the “great pathological and therapeutical principles of universal application” which they had been taught, should be sufficient to cause the practice to be at once and forever discontinued. This being a postulate, as we believe, hardly open to controversy, and the Southern institutions already in existence not being adequate to the wants of the country, the necessity for another Medical School, in a suitable situation, for the purpose of

*See Dr. Monette's statement on page 5.

teaching South-western medicine, properly so called, cannot be doubted.

Although what has been already urged may be regarded as sufficient to remove all doubt from the dullest and most prejudiced minds, there are important considerations of a different kind which go to illustrate the necessity that exists for a School of Medicine, that is strictly and emphatically South-western in its character. Besides the fact that North-eastern as well as Western teachers are incompetent to qualify physicians for the emergencies of South-western practice, the practitioners in the latter region of country need an institution in which their claims to consideration and respect will be boldly asserted and fearlessly defended. That these are great and peculiar, no one can doubt who has attended to the foregoing part of this discourse, yet they have not a single representative in a North-eastern or Western School of Medicine. This is a fact worthy of notice, especially in reference to the three most popular Western Schools, for they educate a very large number of physicians who ultimately settle in the Southern and South-western sections of the United States. It is useless, perhaps, to say that we allude to those of Louisville, Cincinnati and Lexington. In neither of them can a teacher be found by whom the pathological and therapeutical principles upon which the treatment of South-western maladies is regulated are taught. This every sensible man must regard as a great defect in the organization of the Faculties of those institutions, for at least one half their Alumni are destined to find homes and to seek their fortunes in the lower latitudes of the Union. Nor is this all or the most mortifying or discouraging part of the truth on this subject. Whenever an occasion has arisen which put it in their power to reflect honor and distinction by promotion to the dignity of a professorship, they have almost invariably preferred North-eastern men, who knew nothing of Western and especially of South-western maladies. That such persons are unfit for the functions they are expected to perform, we have already shown. That they will always remain so we assert from personal observation, as we know it to be impossible to divorce the confirmed and committed anatomico-pathologist from his "great pathological and therapeutical principles." Two of the institutions of which we have spoken have

been in existence for more than a quarter of a century, and yet it is a most singular fact, that from their foundation to the present moment, but two professors who had enjoyed opportunities of experience in the South, have been permitted to teach in them.* What is the reason of this discreditable imputation being impliedly cast upon South-western physicians? Does it consist in the fact that from amongst the almost countless host of those who cultivate medicine throughout the South-western States, competent and able teachers are not to be found? No one believes this and those who, by their conduct leave it to be inferred, dare not, in plain language, make the allegation. Whether, however, the charge of incompetency be directly or impliedly preferred, it amounts to the same thing so far as their interests are concerned, and we pronounce it to be false and indefensible. The reasons why they have not been permitted to take a more distinguished part in the teaching of medicine in the United States are obvious and intelligible. They observe and reflect more but write less than the physicians of the large cities of this Union,—because what they do write is for the instruction of the profession, and not to sustain some “great pathological principle of universal application,”—because they aim to become practically useful as practitioners, and if need be, teachers, and not to win conspicuous stations by becoming voluminous compilers of the results of other men’s experience—because they have less book but more clinical knowledge, and finally, because the trade of criticism is exercised by North-eastern men almost exclusively. The result is, North-eastern books and North-eastern men are praised with little reference to their intrinsic merits, while South-western books and South-western men are overlooked and neglected or condemned. While this continues to be the case, it is perfectly absurd for the physicians of the South or South-west to expect that their claims will be impartially considered—their just rights acknowledged, or that a national reputation will be the reward of the achievements of their brightest lustres. They have already impliedly acknowledged the authority, and paid tribute too long to North-eastern and Western institutions of Medicine, and it is full time that this should cease. Their rights have been

*These were Dr. Samuel Brown and the Author of this Discourse.

withheld, and they should now be asserted and defended. This can be successfully accomplished only through their own Schools and Journals of Medicine—through the instrumentality of institutions in which the ablest of themselves are the teachers, and in publications for which the most industrious, observing and talented of them are the writers. Let union on this subject prevail throughout the South-west, and in a short time the physicians of the lower latitudes will soon win their proper position in public respectability. Let this matter be viewed in its proper light, and we hazard nothing in asserting that in ten years the young men of the South-west will as soon put themselves under the tuition of Hahnemann himself or his disciples, as to go to any of the Schools referred to for the elements of a medical education. With a view to the promotion of what we conceive to be the interests of the South and South-west, it has been determined that with the exception of Anatomy, Chemistry, and perhaps, Surgery, the Chairs in the Memphis Medical College will be constantly filled by teachers who are personally conversant with the diseases of the region of country from which her classes are expected to come. Nor will the chairs particularly mentioned, be suffered to constitute exceptions to the general principle upon which it is intended to act, if it be possible to do otherwise.

Although it may be conceded that the cause of medicine in the South-west will be subserved by the establishment of a good School of Medicine at a proper point, the question may be pertinently asked, is Memphis the site that should be selected for the purpose contemplated? To this question we boldly respond, no city in the South-west presents so many advantages or is so suitable in all respects for such an institution. On the score of latitude, longitude, and the maladies that prevail in this city and its neighborhood, it is altogether unexceptionable. Being sufficiently far South to enable those who teach in the Memphis Medical College to form a practical and familiar acquaintance with the diseases of the South-west, it is not so far South as to render the temperature of the winters so high as to interfere in any way with the successful prosecution of anatomical studies, which must be a source of very considerable inconvenience at New Orleans, Charleston, and perhaps Augusta. On another ground the location selected is particularly advantageous. The winters, besides

offering no obstruction to anatomical pursuits, are not so intense as to expose those of delicate constitutions who may come from lower latitudes to Memphis for medical instruction, to any risk of a deterioration of health, while it will furnish a safe refuge to those who may desire to escape the perils of the winter in a higher latitude. This circumstance should make the Memphis Medical College an object of great interest to both of the classes alluded to. When it is recollected that the teachers in it are, and will continue to be, strictly and in every sense of the word, South-western men, and that a large majority of those educated in the Schools of the West settle in the Southern and South-western States, the Memphis Medical College cannot fail to prove attractive to a considerable number who have been in the habit of repairing to those institutions, especially those of them who may happen to be in infirm health.

But aside from such considerations which will not and cannot fail to have their proper weight with the sensible and reflecting, there may be others of some importance in determining whether or not it would be a suitable site for a School of Medicine. Though the most flourishing institutions of this kind in Europe as well as in the United States, are in cities of considerable magnitude, something more than a very populous city is essential to their success. Boston is a much larger city than New Haven, and yet the School of the latter has always been more flourishing than that of the former. This is the case with those of New York and Philadelphia. While the classes of the former never, until within a very few years, exceeded three hundred, for a quarter of a century they have ranged from six to twelve hundred in the latter. Louisville is not half so large as Cincinnati, nor has its school been in existence half so long, and yet its classes for the last two years have been nearly, if not quite, twice as large. Lexington which does not contain over eight thousand inhabitants, had for many the second, and for some years the third medical institution in the United States, although at present, from causes to which it is now useless to advert, it has sunk so low as to be, we believe, the tenth or twelfth in the Union. There is no reason for apprehension on account of the size of this city, for it already contains a population of ten thousand. This too, taken in connection with the fact that during the winter there is always a

very large floating population, will show that Memphis is fully able to furnish all the facilities enjoyed in larger cities. Besides the fact that this city has grown to its present magnitude in a very few years, it promises for the future to multiply its population in an increasing, if not in a reduplicating ratio. Suddenly as towns spring up and swell into importance in the United States, we believe there is no exaggeration in the assertion, that there is not one, in the South-west at least, which, after having received a proper impulse derived from a knowledge of the many and great advantages of its situation and its abundant resources, has grown with such astonishing rapidity, or which promises so flatteringly to become in the course of a few years, not only a city of immense importance, but a great commercial emporium. Its present population is amply sufficient for all the purposes of a large School of Medicine, and if any advantage is to accrue from an augmentation of its size, Memphis promises to be every successive year an object of progressively increasing interest and attraction.

Is the proximity of Memphis to other Schools of Medicine such as to render the establishment of a similar institution in it difficult or impracticable? When you reflect how closely in the vicinity of each other are the Schools of Louisville, Cincinnati and Lexington, an answer satisfactory and conclusive will be given. Those cities form a triangle, neither side of which is more than one hundred, and two of them not more than eighty miles long, yet, *judging from the language of their catalogues*, nearly eight hundred students of medicine are annually educated in them. Now the nearest city to Memphis in which a School of Medicine is to be found is distant about five hundred miles. Which are the States that furnish this large number of pupils to the institutions just mentioned? The Medical College of Ohio is supported almost exclusively by Ohio, receiving but a very limited number of students from the States of Indiana, Illinois and Kentucky. The Classes of Louisville and Lexington are made up almost exclusively by pupils from Kentucky, Tennessee, Alabama, Indiana and Mississippi. A few, it is true, are received from other quarters, but the States above enumerated constitute their chief reliance.

From the statistics furnished by the three Western Schools of Medicine just mentioned, we are satisfied that the States of Ken-

tucky, Tennessee, Indiana, Alabama and Mississippi, educate annually at least eight hundred young men for the medical profession. Of the truth of this assertion you will be satisfied when the fact is stated, that they send about six hundred to the Schools of Louisville, Cincinnati and Lexington alone. From these States about two hundred more are scattered amongst the other schools of the United States.

With these facts in view cast your eye over a map of the United States—note the situation of Memphis, and you cannot fail to be convinced, that if three schools so closely in the proximity of each other as are those of Louisville, Cincinnati and Lexington are enabled to assemble about eight hundred students within their halls, the Memphis Medical College, distant about five hundred miles from any competitor and in the midst of a region of country that annually sends to Medical Colleges a very large number of students, must by proper exertion on the part of those who have its administration in their hands, in the course of a very few years, receive as liberal and generous a patronage as the largest and most flourishing of the schools in the West. The city of Memphis is situated, we may say, at the junction of three States; i. e. Tennessee, Mississippi and Arkansas—States already great or destined to become so in a very few years. It is consequently more conveniently located in relation to the whole of Alabama, the Western half of Tennessee, the North and North-western portions of Georgia, the North-western corner of South Carolina, the Western part of Kentucky, the Southern portions of Indiana and Illinois, and the whole of Missouri and Louisiana, than any Western School of Medicine to which we have referred. The two last mentioned States, however, have schools of their own, and therefore, it is probable mere proximity to Memphis will not enable us to derive any considerable support from those quarters. But from all the other States enumerated with the exception, perhaps, of Ohio, Indiana, Kentucky and South Carolina, there is every substantial reason to believe that we shall be able, ultimately, to command a more liberal patronage than the three schools of Louisville, Cincinnati and Lexington combined. Tennessee herself educates annually about two hundred physicians, and there is ground to believe that State pride and State interest will the moment it is decided that the Medical College of Memphis rests on a

sure foundation, and is destined to be a credit and honor to this great Commonwealth, cause her immense cohort of students to be poured into this city. Besides the support which Tennessee will at the proper time cheerfully extend to us, we confidently hope to have the education of the greater part of the physicians of Mississippi, Alabama and Arkansas in our hands. These States at this very moment, independently of any other source, are able to make up a class of four hundred students, and in less than ten years, one of at least six hundred. In making this statement do not, however, understand us to intimate that we expect the realization of any such extravagant hope as it would seem to imply. No such thing. Our design is merely to announce what these States are now doing for the cause of medical education, and what they will be able to, and will do in the course of ten years. While we would not be so arrogant or presumptuous as to pretend that we shall be able to engross the whole, we venture the prediction unhesitatingly, that we will receive one-half if not two-thirds of the patronage of the States enumerated.

The location of Memphis is evidently advantageous, not only on account of its great distance from the cities in which Schools of Medicine already exist, but on the score of its greatly superior accessibility, at least, as compared with Louisville, Cincinnati and Lexington. Besides the Mississippi river, the great high-way of the richest, most beautiful, and perhaps the most extensive plain in the world, there are numerous collateral streams upon which students may be conveyed to Memphis with ease, elegance and economy. In October particularly, the very month during which nine-tenths of those who seek education are repairing to Institutions of Medicine, the navigation of the Ohio is almost suspended. If this is not literally true, it is certainly perfectly correct to assert that it is utterly impracticable to all except to the very smallest class of boats. These are generally crowded and always uncomfortable, while the expense of travelling in them is not only exorbitant, but oppressive, especially to those of limited resources. The experience of this season fully attests the truth of this assertion.

Is any one disposed to assert that those who have been appointed to chairs in the Memphis Medical College, are incompetent on the score of talents, attainments or experience to discharge the

duties which have been respectively assigned them? We presume not. The majority of them, although unaccustomed to teach, are known to be men of experience, and are believed to possess the elements necessary to guarantee success in the new direction they have given to their energies. The truth of this opinion time only can determine. But should it be invalidated by future events, the members of the Faculty, actuated by a liberal and an enlightened devotion to the interests of the School, have authorized me to say, that should either of them fail to meet the just expectations of the classes, their colleagues or the public, they will at once and without hesitation, give way to those better fitted to fill the places which they at present occupy. This is as it should be. No honest or upright man would have the interests of the public or the just hopes of an useful institution sacrificed on the altar of personal pride or individual ambition. While the Memphis Medical College will devote her energies to the diffusion of a knowledge of the nature and the true mode of treating South-western diseases, a principal object also, will be to promote and encourage emulation amongst the members of the profession. This, it is expected, will be accomplished in some measure by promoting to posts of honor and emolument, those who shall become the most distinguished cultivators of South-western Medicine. Of her teachers will be expected a thorough acquaintance with their respective departments and facility in the communication of knowledge. Palpable deficiency in either respect will constitute disqualification and sufficient ground for removal. Otherwise the different chairs through the partiality of friends—the interests of factions and the selfishness of ambitious stupidity, would soon fall into incompetent and undeserving hands. This has ruined altogether, or circumscribed the usefulness of more than one institution. As has been already said, time only can decide whether or not this Faculty has been organized as it should be, but should it unfortunately be discovered that it requires amendment, the medical public may rest assured that no time will be lost or pains spared to effect it immediately. The interests of professors should always be made subordinate to those of the Institution in which they are incumbents. If this principle is not strictly adhered to and constantly acted on, it is utterly impossible for a School of Medicine rapidly to grow in public esteem, or permanently to flourish.

Thus, Fellow-Citizens, we have endeavored in our humble way to prove that the necessity for another School of Medicine really exists, and to show you also, that Memphis possesses peculiar and very superior advantages as the site for such an institution. In the progress of this discourse we have spoken with confidence of the ultimate success of the Memphis Medical College. In view, however, of the difficulties to be encountered and overcome, you may, perhaps, be inclined to think that we are too sanguine on the subject, and that we have spoken in an exaggerated tone unauthorized by the facts of the case. That such apprehensions should weaken your confidence in the truth of what has been urged does not surprise us, nor do they give the least dissatisfaction. They are perfectly natural and should be anticipated. It would be useless to disguise the fact that the difficulties which lie in our way are numerous and great, but they are not insurmountable. With men steadfastly resolved on success, nothing is impossible. That this is the spirit by which my colleagues and the immediate friends of the enterprise are inspired, we have the fullest conviction. What, therefore, can be accomplished by indefatigable industry, undoubted ability and unflinching resolution may be expected of them.

That I have some knowledge of the subject on which you have been addressed, and have not spoken without reflection, suffer me to remind you that more than twelve years ago, in despite of as fierce opposition—bitter denunciation, and malignant persecution as ever man, engaged in a laudable enterprise, was exposed to from a powerful, unrelenting and unforgiving faction which aimed to engross the teaching of the whole West and South, I ventured to assert and succeeded in establishing by an appeal to facts, as numerous and diversified as they were indisputable and irresistible, the proposition that Louisville and not Lexington was the city in which the great school of Kentucky was to be founded, and in which it was destined to flourish. This we did in a pamphlet of 113 pages, which was published in 1834. In that work, together with some fugitive articles on the same subject which appeared previously in the public journals, and of which we were the author, will be found the first formal attempt that was ever made to establish a School of Medicine in the city of Louisville.

In prosecution of this idea another individual and myself prevailed on the Board of Trustees of Centre College of Kentucky, to create a medical department to be located at Louisville. A Faculty was organized, but the school was prevented from going into immediate operation by the consideration that a visit to the schools of Europe, it was thought, would enable me to enter upon the duties of the Chair to which I had been appointed with a better prospect of success, and the school would, perhaps, commence its career under more encouraging auspices. I visited Europe, but found on my return that the colleague upon whose co-operation I relied, had accepted a situation in an institution in a neighboring commonwealth. Thus situated, and when looking around for assistance and co-operation, I was offered a professorship in the Medical College of Ohio. This I accepted rather than renew efforts that had already made me an object of unjust hostility and unprovoked hatred. No sooner, however, was it ascertained that I had relinquished the Louisville enterprize than, at the suggestion of a man who subsequently deserted and punished them, those very individuals who had made upon me and upon the city of Louisville a war of extermination, began a system of machinations, the design of which was to effect the removal of the Medical Department of Transylvania University to that city. In this they were completely defeated, but their efforts, when charged home upon them by the arch traitor in whom they originated, succeeded in effecting a dissolution of the Faculty and their dismissal from the School. The members of the dissolved Faculty separated. One half of them remained in Lexington while the other half went off to Louisville where, in a few weeks, a Faculty was organized that commenced operations for the first time the ensuing November of 1837. This is now only nine years ago, and already the classes which assemble in that city, number between three hundred and fifty and four hundred students. From this you discover that even though it should be possible for me to have exaggerated the inducements to undertake the establishment of a School of Medicine in this city, I was not mistaken when I ventured to foretell the result, should a judicious attempt be made, to found one in Louisville. This fact is sufficient to prove that I have not laboured to inspire hopes which it is impossible to be realized. Without, however, insisting upon your

adopting the conclusions to which I have arrived, permit me to say in all deference to the judgments of those who may be disposed to differ with me in opinion, that I am fully convinced that if properly directed exertion is made, the success of the Memphis Medical College will be as full and complete as that of any Western or Southern institution has ever been.

PROFESSOR APPOINTED.

We have the pleasure of announcing to the profession, that the vacancy in the chair of Anatomy occasioned by the resignation of Prof. J. N. Bybee, has just been filled by the Board of Trustees, by the election of W. H. DONNE, M. D., of Louisville, Kentucky. The experience and reputation of Dr. Donne present a sufficient guarantee of his usefulness and efficiency in the new and honorable position which has been assigned him, and the industry and energy which he will bring to the aid of his conceded acquirements, will doubtless enable him to give perfect satisfaction to the class, his colleagues and the Board of Trustees.

The Faculty of this Institution being now complete, and every preparation made for the ensuing session, we shall, in our next number, publish such an announcement as shall serve to place it fairly upon the list of candidates for public patronage.

EXCHANGES.—The Publishers of the various Medical Journals to whom this number of the "*South-western Medical Advocate*" will be directed, will oblige us by extending the usual courtesy of an exchange, and would still further add to the obligation by forwarding to us immediately, the *last number* of their respective periodicals already issued. We anticipate much, of pleasure and profit from the opportunity which will be thus afforded us to learn the opinions of our contemporaries in different sections of the Union, upon practical questions, as well as upon other topics of general interest to the profession.

TO THE PUBLIC.

THIS number of the "SOUTH-WESTERN MEDICAL ADVOCATE," it is hoped the *Public* will be so indulgent as not to regard as a fair specimen of the character of those which are to succeed it. This is requested because the *Inaugural Discourse* of the *Editor* occupies much more space than was expected or than could have been desired. When, however, it is recollected that one of the objects of this Journal, as announced in the Prospectus, is to establish a medium of communication between the *Memphis Medical College* and the *Medical Public* of the South-west, the length and copiousness of its details will be palliated and excused if not pardoned. Besides giving a full exposition of the principles upon which it is proposed to conduct that *Institution*, we are not without the hope that the topics discussed in it will prove, in some degree, interesting to medical enquirers. Our objects and aims we are desirous should be made fully and extensively known, for we are satisfied that if earnestly pursued in a proper spirit, they, and the exertions made for their achievement, cannot fail to command the approbation and to secure the zealous support of, at least, the *South-western Medical Public*. To the character of our future efforts in the cause of medical education in the South-west, we appeal for the proof of the sincerity of the professions which, after mature reflection, we ventured to make in our *Inaugural Discourse*. Nor can we believe that our labours will fail to arouse the sympathies and procure the ardent and efficient co-operation of the REGULARLY educated members of the profession in the South-west, especially when they call to mind the important and eventful fact that rank and reckless empiricism, not content with profaning with its unhallowed footsteps the practical walks of a liberal and an enlightened vocation, have impudently usurped the sacred right of dispensing its greatest honors.

In future it is our intention to fill about one-half of each number with original communications, and these are earnestly solicited from all who are able to reflect any light upon the subjects proposed to be discussed. While those who conduct this Journal will exert their powers to the utmost in redemption of every pledge or promise that has been made or implied, it must occur to every thinking individual, that they will be able to accomplish comparatively but little, unless their efforts should be seconded and sustained by the physicians of the South-west. Nor do we ask or expect this exclusively on our own account. We confidently look for it on behalf of the just claims of an honorable and an extensively useful profession. Without thinking it necessary to give an inventory of the particular reasons for the position we take, it is affirmed that every REGULARLY educated physician in the South-west, has a direct and great personal interest in the success of both the *Memphis Medical College* and the *South-western Medical Advocate*. We cannot believe that reflecting persons will doubt the strict truth of this assertion. To speak further, more fully or explicitly on this topic is certainly unnecessary and would, perhaps, be improper, particularly as it might to CERTAIN PERSONS prove offensive.

The other half of each number will be devoted to Bibliographical Notices, a Monthly Periscope, Miscellaneous Memoranda and General Medical Intelligence. The special aim of each and every Department of this Journal will be to reflect as much light as possible on the causes, nature and treatment of South-western diseases.

In conclusion, the *Editor* would remark to his *private Correspondents*, that as his personal affairs will require his presence in Kentucky for several weeks, he desires them to address him at Lexington until the 15th of next September. During his absence it is requested that all letters in relation to the Journal be addressed to Professor H. V. M. Miller, of Memphis. The *Editor* assures the *Public*, that although absent, his personal attention will be given to the *South-western Medical Advocate* almost, if not quite, as efficiently as if he were present.

MEMPHIS, July, 1847.

EDITOR.